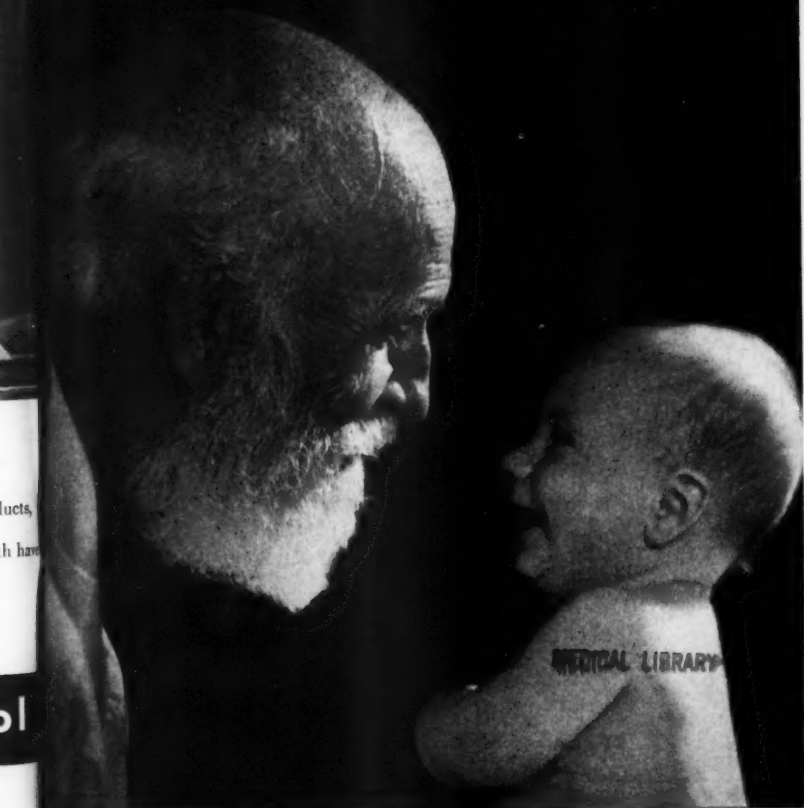


Medical Economics

AUGUST
1912



PICTURE OF A PHYSICIAN *with a little time to himself!*

You're right! Something should be done these days to give physicians more time for themselves . . . and S-M-A* infant feeding formula is helping to do it!

Take the case of the physician whose patients kept calling up to discuss "Formula Troubles." He decided to save time by prescribing S-M-A for normal infants deprived of breast milk. Don't take our word for it—in a recent survey among 3933 physicians who fed S-M-A, 76% of those reporting said S-M-A saved time; 89% of those reporting said S-M-A was easier for mothers to prepare; 85% of those reporting said with S-M-A they observed freedom from digestive upsets.



*S-M-A, a trade mark of S.M.A. Corporation, for its brand of food especially prepared for infant feeding—derived from tuberculin-tested cow's milk, the fat of which is replaced by animal and vegetable fats, including biologically tested and Evaporated; with the addition of milk sugar and potassium chloride, altogether forming an enteral feed. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrate and ash, in chemical constants of the fat and physical properties.

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ELIXIR
THI-PLEX
Vitamin B Complex
(HIGH POTENCY)

Each fluidounce represents:

Vitamin B₁ 2000 Int. Units.
Vitamin B₂ (Riboflavin) 1000 micrograms.
Vitamin B₆ (Pyridoxine) 375 micrograms.
Filtrate Factor 150 J. L. Units.
(Approximately 2100 micrograms Pantothenic Acid).
Nicotinic Acid 7.5 milligrams.

Plus other factors of the natural Vitamin B complex as extracted from Brewers' Yeast, fortified with Thiamine Hydrochloride and Riboflavin.

Alcohol 10%

DOSE: Children, one-half to one teaspoonful twice daily. Adults, one to two teaspoonfuls before meals and before retiring.

This preparation contains all of the essential factors, far in excess of quantities needed for prophylaxis in Vitamin B Therapy. Every effort has been made to incorporate the different factors which are most readily assimilable and palatable.

Massive doses may be given with impunity when a B Complex is indicated.

Biological assays on dairy cattle have proven conclusively in competition with other products of this kind that THIPLEX is far superior to all others.

— Please turn page —



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An outstanding success, proven by quantities sold and repeat orders received, prompts us to formulate a capsule of B Complex for those who prefer this type of medication. Capsule form:

CAP-SO-LOIDS

B-REX

Vitamin B Complex as contained in Brewers' Yeast, to which has been added Thiamine Hydrochloride, Riboflavin, Vitamin B₆, Nicotinic Acid and Iron.

Each capsule represents:

Vitamin B ₁	500 Int. Units
Vitamin B ₂	500 Micrograms
Vitamin B ₆	250 Micrograms
Pantothenic Acid
.....	560 Micrograms
Nicotinic Acid.....	5 Milligrams
Plus other factors of the Vitamin B Complex.	

DOSE: One or two capsules one to three times a day.

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Capsoloids B-Rex are indicated for prevention or treatment of beriberi, and treatment of neuritis, polyneuritis, and anorexia of dietary origin. They may be used advantageously when diets are inadequate in vitamin B₁, B₂, or other components of the B complex.

Capsoloids B-Rex are valuable in securing optimal growth of children, particularly in cases involving difficulty in utilizing, in a normal manner, foods which are sources of these vitamins.

Capsoloids B-Rex are indicated to prevent or correct specific vitamin deficiency in persons who, because of idiosyncrasy, allergy, gastrointestinal lesions, or faulty eating habits, take an inadequate diet. They are also useful for persons whose need for vitamin B₁ and the vitamin B complex is increased—growing children, pregnant or lactating women, persons whose metabolism is increased by infection, hyperthyroidism, or vigorous muscular activity.

Cacoprene

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CATHETERS EARN THEIR STRIPES

... they're in the NAVY now!

The U. S. Navy Medical Department is now using large quantities of Robinson Catheters, made of Cacoprene ... You know ... that Cacoprene is synthetic rubber, a special formula of DuPont's NEOPRENE ... that catheters made of Cacoprene cost more than regular rubber catheters ... that the U. S. Navy is a very critical buyer, buying only after careful comparison of costs.

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Exhaustive laboratory and use tests made on Cacoprene Catheters, Rectal, Colonic, and Gastro-Duodenal tubes, in comparison with those made of natural rubber have proved that the superior wearing qualities of Cacoprene more than offset their additional cost. The long life of Cacoprene products is an important consideration in the final cost analysis.

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that at a time when natural rubber is one of the most critical of war materials, a synthetic rubber (Cacoprene) not only serves the purpose, but serves this particular purpose better than natural rubber. By using Cacoprene you will not only help conserve our supply of natural rubber, but you will benefit by the additional service Cacoprene affords.

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Medical Economics

THE BUSINESS MAGAZINE OF



THE MEDICAL PROFESSION

AUGUST 1942

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CIRCULATION: 135,000

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— [for IVY POISONING,
INSECT BITES and
MOIST SKIN LESIONS] —

Calamatum (NASON'S)

Offers Important Therapeutic Advantages Over Calamine Lotion

CALAMATUM is a desiccant, mildly astringent soothing cream composed of Calamine, Zinc Oxide and Campho-Phenol in a non-greasy base. The base dries out spontaneously, allowing intimate contact of the active ingredients with the affected areas. It heals, reduces itching and lessens discharges.

In ivy poisoning, insect bites and moist skin lesions, CALAMATUM offers these therapeutic advantages over the commonly used Calamine Lotion:

1. CALAMATUM does not run off the skin and so waste a large part of its medicative effect.
2. It adheres to and stays on the lesion, exerting full therapeutic power.
3. CALAMATUM seals the lesion, thus preventing the spread of the infection.
4. Due to its content of Camphor and Phenol, CALAMATUM reduces itching and general discomfort.

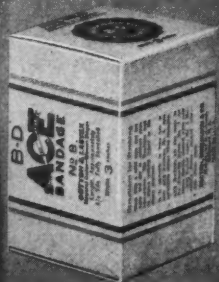


The use of CALAMATUM has met with such success that more and more Physicians are prescribing this remarkably soothing, healing dressing for ivy poisoning, moist skin lesions and insect bites. CALAMATUM (Nason's) is packaged in convenient 2-ounce tubes and stocked by all leading druggists.

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BEC

Extra pressure — but not too much!



ACE No. 8



FREQUENTLY you need more pressure than the regular No. 1 All Cotton Ace Bandage affords. This is the spot for the No. 8 Tension Ace Bandage, skin-tone, flat edge, with Lastex strands interwoven in the fabric.

You get the extra pressure of pure rubber but you are protected by a controlled stretch which does not permit unlimited tension. Furthermore,

it may be washed repeatedly without pulling, bunching or premature deterioration.

When extra pressure is indicated, we suggest that you try Ace No. 8 with Lastex. A brief test on your own arm will indicate the tension required to secure proper pressure.

Sizes: 2, 2½, 3 and 4 ins. wide by approximately 5½ yds. long fully stretched.

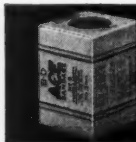
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No. 1. Elastic without rubber and washable . . . Durable and long lasting . . . Cool, comfortable and effective.



No. 4. Skin-tone, preferred by women. Mercerized cotton—flat edges. Elastic without rubber and washable.



No. 8. For extra tension—with Lastex . . . Skin-tone with flat edges . . . Controlled stretch and washable.



No. 10. Elastic and Adhesive . . . Packed in sealed containers . . . Many new uses. Booklet on request.

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Speaking Frankly

Covering the Ground

Your recent articles regarding doctors in the army and navy give more information than I can glean from any other source. Every issue of MEDICAL ECONOMICS is beyond price. How you gather so much valuable information for the average man is a wonder. Continue the fine work.

J. W. Donnell, M.D.
Hudson, Iowa

To Dr. Donnell and all the other physicians who have commented favorably on recent issues, MEDICAL ECONOMICS extends its hearty thanks.

Spare the Doctor

Your idea of a "Spare-the-Doctor" campaign is a timely one. The sooner our medical societies start work on this, the better it will be for all of us.

So many of the younger men in my community have been called to service that we older doctors are finding our practices an increasing burden. I've had to send announcements to all my patients informing them that from now on I expect to hold office hours on but three days a

week, due to the increased number of house calls.

M.D., Pennsylvania

Anti-McNutt

The reluctance of public officials to select physicians for the supervision of medical problems is well known and variously explained. Thousands of laymen are serving as health commissioners, nutrition directors, and chairmen of boards of health. Physicians may consider their seeming "unavailability" a compliment or an insult, depending on whether they are excluded from such supervisory positions because of unwillingness to play political ball or because of the popular fallacy that physicians are poor executives.

Especially in our national Government these days is the tendency seen to freeze doctors out of the supervision of medical matters. A good example is the maintenance in office of Paul V. McNutt as coordinator of the health, nutrition, and medical welfare aspects of the war program.

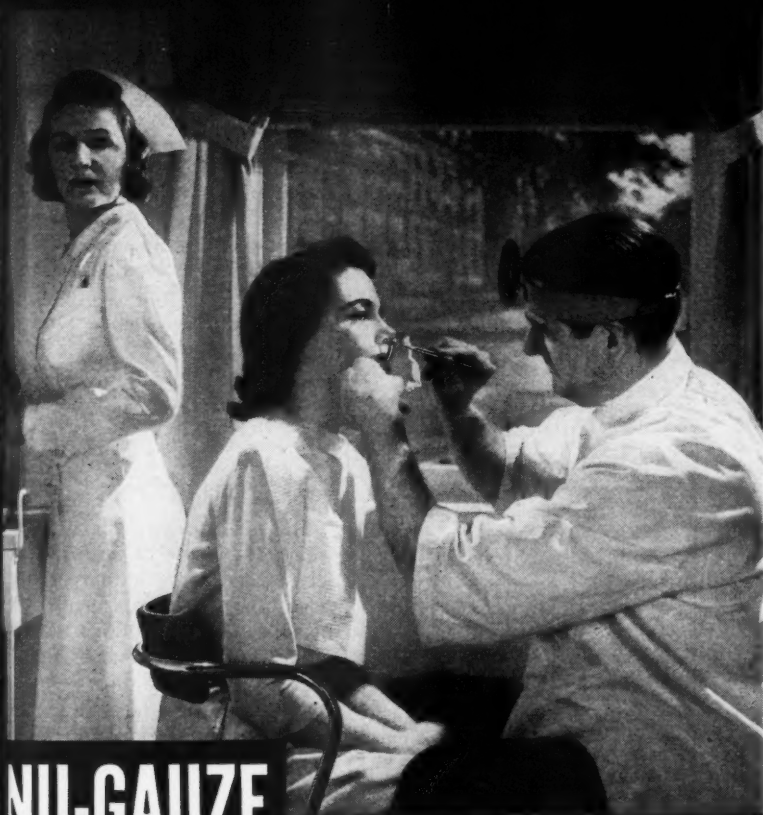
Even if Administrator McNutt is assumed to be an able execu-

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NU-GAUZE STRIPS



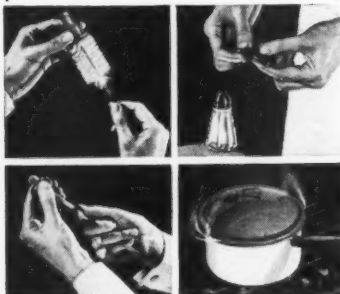
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● These handy gauze strips are particularly convenient in surgery of the nose and sinuses, nasal hemostasis, etc. Non-raveling, woven edges eliminate annoying loose threads. Nu-Gauze Strips are 5 yards long— $\frac{1}{4}$, $\frac{1}{2}$, 1, or 2 inches wide. Packed two ways: plain, sterile; or 5% Iodoform.

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Just hand this booklet, "Baby Feeding Made Easy," to your O.B. patients. It contains instructions on the bottle-feeding routine, simply and readably set forth. It goes into detail about the proper method of handling nipples, thereby helping to spread the message of rubber conservation throughout American homes.



The coupon below is for your convenience in ordering:

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Providence, Rhode Island

You may forward..... complimentary copies of "Baby Feeding Made Easy" to the following address:

NAME
ADDRESS
CITY STATE.....

tive, we may perhaps venture the opinion that at least a few medical men, too, are able executives, and that one of them should be in control of a task which includes in its jurisdiction such monumental problems as medical supplies for civilian defense, sanitation, rehabilitation of draft rejectees, and medical service in industrial areas.

The score in this particular game seems to be Politicians 1, Doctors 0.

M.D., Illinois

Patient Jogger

Here is an idea which I have found to be useful both in collecting and in getting patients to return for a check-up. It may not be a new idea, but I don't believe many doctors' secretaries use it as often as they might.

When a patient has been given some medicine and told to return in a few weeks, I enclose an appointment card with his statement on the first of the following month. Since the card is filled in with the day and hour at which

DOCTORS ENTERING THE SERVICE

If you wish to receive MEDICAL ECONOMICS while on active duty, advise us immediately by post card when you change your address. We'll make every effort to see that the magazine reaches you each month.

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THE COLLECTIVE EXPERIENCE
OF PRACTISING PHYSICIANS.

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THE PHYSIOLOGICAL IM-
PORTANCE OF THE AMOUNT OF
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A fungicide is effective only if it actually *contacts* and eradicates embedded fungi. This objective is achieved with KORIAM. Unlike greasy ointments KORIAM gets down into the epidermal surface layers to act directly upon and destroy the fungus.

With this effective fungicidal action is combined an efficient antipruritic effect. KORIAM is safe, simple, convenient and pleasant. Dispensed in a vanishing type base, it is greaseless and stainless. A strictly scientific, ethically advertised, professionally labeled product.

FORMULA: 3% benzoic acid, 5% salicylic acid, 3% benzocaine, 0.25% menthol crystals and 0.5% methyl parahydroxybenzoate in a special non-fatty type base.

SUPPLIED: Through regular prescription channels in tubes containing 1 oz. net weight.

*Professional literature
on request*

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PRODUCTS,
Inc.**

40 RECTOR STREET
NEW YORK, N. Y.



he is expected, the patient usually feels obligated to come by. The device is particularly useful as a spur for those numerous patients who keep thinking they will call for a return appointment, but who never seem to get around to it."

R.N., Georgia

Medical Corps Promotions

In the article "What Rank Will I Get?" (your June issue) the following statement is made: "Medical corps vacancies in grades above that of first lieutenant will, so far as possible, be filled by the promotion of qualified officers already on active duty."

The theory is good, but in very few instances indeed is it put into practice, as thousands of reserves can tell you. Many a young man who has given one or two years to active duty, is still only a lieutenant.

Medical Officer,
Fort Devens, Mass.

Foreign Graduates

Hundreds if not thousands of American physicians have studied medicine in Europe. They have completed the required pre-medical education, graduated from some of the world's foremost medical schools, passed State board examinations, served as internes in American hospitals, and currently hold responsible staff positions.

Yet now, when they wish to



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Adhesive must be conserved—and with Curity Adhesives economy is easy and safe, does not interfere with good dressings practice. Here are some suggestions:

- Use shorter lengths and narrower widths. Because Curity Adhesive sticks

so readily and stays placed so firmly, this can be done with safety.

- Purchase large rolls rather than the small spools shown above. Ready-Cut in 12" x 10 yd. cartons, all one width or assorted, costs much less per yard—saves important packaging materials—encourages more economical use.

- Use Curity Wet-Pruf Adhesive—it does not come off when the patient washes, thus less adhesive and fewer dressings are needed.



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SULFATHIAZOLE
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(HART)

A greaseless cream which dries rapidly and forms an adherent, slightly astringent film that keeps the Sulfathiazole in contact with the lesions. In the treatment of moist lesions, THIAZINC will absorb vesicular exudate and permit its evaporation, thus avoiding tissue maceration.

We also make THIAZOINT, 10% Sulfathiazole Ointment (Hart), for use as a supplement to usual surgical procedures in: acutely infected superficial wounds; boils and carbuncles; and varicose, diabetic and decubitus ulcers.

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Please send me literature about your new preparation, THIAZINC, and a sample.

☐ Also send me a sample of THIAZOINT.
M.D.

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serve their country, they find that they are not eligible for commissions unless they have licenses to practice in the countries where they studied.

Since they planned to return home to practice, few troubled to secure licenses; and in most European countries it was impossible for Americans to obtain a license anyway.

Let our profession urge the surgeon general to grant commissions to American doctors who hold licenses to practice medicine in any of the forty-eight States.

M.D., New York

Typewriter Discovery

One of my colleagues has just discovered a new use for an old typewriter. His old machine had served him well through medical school, an internship, and ten years of private practice. By the end of that time, though, the keys had become worn, the cylinder resembled a washboard, and the machine rattled like a jalopy climbing Pike's Peak.

The owner, a pediatrician who likes to have his reports typed daily, finally bought a new machine, being lucky enough to get in under the wire of the Government's freezing order. He told his nurse to throw out the old typewriter. It rested in a far corner of his waiting room on an inconspicuous end table, awaiting the junkman.

Some weeks later, happening to glance at the corner, my friend

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This Army has been "mechanized" for years!



To millions of Americans, this familiar insignia symbolizes an unfailing response in time of need—a faithful guardian of public health. Now, with our country steeled to defend the fruits of democracy against aggression, the task of maintaining a physically-fit America takes on even greater significance.

In this emergency, a genuine but perhaps unconscious tribute is being paid the medical profession. America has taken for granted your ability to maintain the Public Health during the trying days that lie ahead. Keeping that trust requires not only your professional skill but an

adequate supply of the materials you use.

If Intensifying or Fluoroscopic Screens play an essential part in your work, Patterson has an important message for you. Our manufacturing facilities are being devoted entirely to the demands of the military and civilian health services. Exhaustive testing and research programs are being maintained. Vigilance over raw materials has been increased. As a result, you can be certain of obtaining the same degree of performance from Patterson Screens—today, tomorrow and "for the duration".

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facilities devoted 100%
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A drop of Estivin in each eye speedily arrests conjunctival irritation and lacrimation and clears the vision. Then follows relief from congestion of the nasal passages, with subsidence of discharge from the nose and paroxysms of sneezing.

One drop in each eye 2 or 3 times daily is generally sufficient to keep the average patient comfortable during the entire hay fever season. In the more severe cases, additional applications whenever the symptoms recur will assure relief throughout the day.

Literature and sample on request



was annoyed to see the ancient typewriter still enthroned on its little stand.

"When in heaven's name are you going to junk that old machine?" he asked his nurse testily.

"Never," she retorted. "Every kid who comes into the waiting room makes a bee-line for it, pecks out his own name or some private message on the paper I put in it, and keeps himself happy until you are ready for him. It distracts and entertains more children than the stereoscope, the funny books, and the goldfish bowl put together. . ."

M.D., New Jersey

Engraved Instruments

I've found that to have my name engraved on my surgical and diagnostic instruments is excellent insurance against loss either through theft or through mix-ups with instruments belonging to others. This can be inexpensively done at many five-and-ten-cent stores, where they usually have an electrical engraving stylus for engraving lockets. It costs about five cents for each instrument. I've had all my instruments marked.

W. D. Blassingame, M.D.
Denison, Texas

Hospital Privileges

This is an open letter to the general practitioners of America.

An array of enemies, real and imaginary, has been paraded before us. We are constantly reminded that we must fight to

For that Vicious Circle . . .



When it comes to worrying, smoking, or eating, some of your patients indulge themselves to a point where an effective antacid alkaliizer may be indicated. Why not suggest BiSoDoL as an adjuvant in such cases? The initial dose of one teaspoonful of BiSoDoL, or three BiSoDoL tablets, helps bring prompt relief in most cases of digestive upset resultant from excess stomach acid.

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Cincinnati, U. S. A.

keep from losing our cherished position as doctors—to keep from becoming the clerks of a bureaucratic machine.

But what about our foes from within? Granted that socialized medicine is a real menace, the fact remains that a far more serious squeeze is being put on general practitioners by some of our colleagues.

The various specialty boards are aiming to knock the props right out from under us plain doctors. It is more than a coincidence that the men on specialty boards also control the staff positions and policies of our hospitals.

Already we are told that only pediatricians can treat children in a children's hospital, and that tonsillectomies can be done only by otolaryngologists. The day isn't far off when we will be told that fractures can be treated only by orthopedists; deliveries done only by obstetricians; and peptic ulcers treated only by gastroenterologists.

Before long little will be left for general practitioners to do except to act as referring agents for the elite specialists. Perhaps we shall be allowed to make night calls and to handle a few of the simpler cases while our professional masters are busy on the golf links.

Note that all this does not stem from a sinister bureaucratic power, but from our own fellow practitioners—the same ones who pretend so touchingly to plead the case of the family physician. They

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Food

"My wife's best friend did this to me!"



1. I went to Mabel's house to get my wife after her First Aid class, and the girls started showing me what they'd learned. Next thing I knew, I was buried in bandages. They had me so tied up I could hardly move.



2. "What do we do now?" my wife said. "You try to unwind him," said Mabel, "while I start some coffee for all of us." But I said: "Count me out... I wouldn't sleep a wink! The caffeine in coffee always keeps me awake!"



3. "Then I'll make Sanka Coffee!" said Mabel. "It's 97% caffeine-free and doctors say it can't keep anyone awake!" "Is it good?" I wondered. "Of course," said Mabel. "Sanka Coffee is real coffee—all coffee—nothing but coffee!"



4. I drank Sanka Coffee . . . and slept like a turtle on a log! Telling me about Sanka Coffee is the kind of First Aid I like, and I was so grateful that I volunteered to act as a bandage-dummy any time they need me!

SANKA COFFEE

REAL COFFEE . . . 97% CAFFEIN-FREE!



NOTE TO DOCTORS: Try Sanka Coffee yourself—at our expense—and recommend it to your patients who are bothered by caffeine. Mail the coupon for a quarter-pound can. Sanka Coffee is real coffee . . . only the sleep-disturbing caffeine comes out . . . the flavor stays in! Make Sanka Coffee strong . . . a heaping tablespoon to a cup. A General Foods Product.

GENERAL FOODS, Battle Creek, Mich. M.E. 9-42

Please send me, free and without obligation, a one-quarter-pound can of Sanka Coffee.

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City _____ State _____

This offer expires Dec. 31, 1942
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YOU JUST CAN'T WAIT FOR YOUR**

KIDDIE-BATH AND KIDDIE-KOOP

Priorities and material shortage have changed the shape of the world into which today's babies are born. But there are some things it may not be wise to ask a new baby to do without. For example... the healthful convenience of Kiddie-Bath bathing... the safety-screened protection of Kiddie-Koop for sleep and play. These two nursery necessities, you will agree, help perform the all-essential civilian job of

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* The title of a 32-page booklet by Beulah France, R. N. that has helped many new mothers. We will be glad to send you as many copies as you can use in your practice.

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In 1-oz. tubes with special applicator.

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use us as a cat's paw while fighting against medicine's external enemies; then they turn about and try to make medicine their exclusive domain.

We general practitioners can and should control the policies of American medicine. We have the right to insist that all public hospitals be open equally to every ethical physician.

A. S. Rogoff, M.D.
Detroit, Mich.

Chiropractic

Your series of articles on chiropractic is interesting and educational. I have always been interested in both chiropractic and osteopathy. Right or wrong, I have felt that the profession of medicine is in a way responsible for both, in that we have neglected the science and practice of physical reconstruction. We have acted only in narrow terms of surgery and internal medicine.

Your magazine is always worthwhile, and I shall be glad to read future articles on chiropractic.

John T. Hosey, M.D.
Palatka, Fla.

The fourth and concluding installment of "Chiropractic: Its Cause and Cure" appears in this issue.

Pictures in this Issue

Cover, S. W. Hersch; page 30, U.S. Army Signal Corps from Acme; 32, Acme; 39, Wide World; 45, De Palma from Black Star; 49, Metropolitan Museum of Art.



NOT *Antacid* NOT *Laxative*

Pepto-Bismol aids in a return to normal digestive conditions, by helping to soothe irritated mucosa of the stomach and intestines, and by inhibiting intestinal fermentation and retarding simple diarrhea.

Pepto-Bismol does not add to the upset condition by further upsetting it. It is a formula of reason.

Pepto-Bismol

THE NORWICH PHARMACAL COMPANY
Norwich, New York

*Reg. U. S. Pat. Off.

HERE ARE THE INGREDIENTS

Bismuth Subsalicylate
Salol
Zinc Phenolsulphonate
Methyl Salicylate
Demulcent Base
(contains no sugar)



ARGYROL



IN MUCOUS MEMBRANE THERAPY

Decongestion without Vasoconstriction

The mildness and effectiveness of a silver protein depends very much on the correlation of two factors:— the hydrogen ion (pH) and the silver ion (pAg) concentrations. In ARGYROL, both these factors are so controlled, that regardless of the concentration of solution employed, the pH remains constant, while pAg is always properly correlated. This is *not true* of all silver proteins. It explains in part why ARGYROL remains equally bland and non-irritating in *all* concentrations from 1% to 50%. It, no doubt, also supplies one explanation why irritation is so frequently noted when allegedly equivalent preparations are substituted for genuine ARGYROL.

But there are many other reasons also why ARGYROL has come to be regarded as the "mucous membrane antiseptic of choice." ARGYROL works in *harmony* with the tissue defenses. It causes no ciliary injury. It effects a decongestion without resort to powerful vasoconstriction:—in fact, it actually appears to produce a circulatory stimulation. It has remarkable pus-dislodging, local sedative, and inflammation-dispelling qualities. In over 40 years of world-wide use, ARGYROL has achieved an unparalleled record for clinical effectiveness and safety. To insure your results—specify the "Original ARGYROL Package" whenever ordering or prescribing.

A. C. BARNES COMPANY, NEW BRUNSWICK, N. J.

ANTISEPTIC EFFICIENCY PLUS

1. SOOTHING AND INFLAMMATION-DISPELLING PROPERTIES
2. NO CILIARY INJURY—NO TISSUE IRRITATION
3. NO SYSTEMIC TOXICITY
4. NO PULMONARY COMPLICATIONS
5. DECONGESTION WITHOUT VASOCONSTRICTION

SPECIFY THE ORIGINAL ARGYROL PACKAGE



Sidelights

Despite the periodic airings they get in court, certain vanity publishers continue to reap a small harvest among the would-be *literati*. The embarrassing part of it is that a good proportion of the gullible victims are—of all things—physicians. Scarcely a month goes by without the appearance of at least several pathetic additions to the current book list, for which medical men have paid through the nose. They have yet to learn, it seems, that there are those who, for a suitable consideration, will gladly praise, promise success for, and publish any literary tripe that comes their way.



Rather than run the risk of inspiring distrust among our enlisted men, the War Department has ruled that no doctors of Japanese descent, even though citizens of long standing, shall be recommended for commissions in the medical corps.



After twenty-five years it again seems apropos to suggest consideration of the feelings of medical men who, through no fault

of their own, are excluded from military service. Substantial numbers of physicians have physical defects that will keep them out of uniform. Others are required to remain at home because of their essentiality and the fact that replacements can not be found for them. These men should not have to bear any stigma.



Millions of families and individuals have had the pleasure of seeing their incomes double in the last five or six years. The greatest relative increases in income have been among those in the lower economic brackets (see national income charts in *JUNE MEDICAL ECONOMICS*, pp. 48-51).

As this rain of manna from the skies continues to fall on the "ill-clad, ill-fed, ill-housed, and ill-cared-for third of our Nation," there are those who will expect it to quench the fire for socialized medicine which the reform element in Washington has been so assiduously fanning.

But will it?

Isn't it also true that taxes will claim a growing share of income ...that people know a day of

reckoning is coming when their earnings will again drop...that they have been educated so thoroughly to the joys of socialism that temporarily higher incomes will scarcely dim their enthusiasm for it?

We may be wrong; but in our opinion this is no time to be complacently asleep at the switch.



Should internes ride ambulances?

This traditional custom dates from the days when ambulances were horsedrawn and when it took several times as long to complete a trip in one as it does now.

Many a former ambulance-riding interne would readily admit that his presence at an accident never saved a life. But it did give him useful experience in handling emergencies. It facilitated the rendering of temporary care. In cases requiring removal, it permitted preparations which made the patient's trip less uncomfortable. And it did sometimes head off a malingerer or an hysteric.

Even when a physician's professional skill was not required

for the proper handling of an accident victim, the mere fact that an M.D. was on hand did much to prevent mismanagement by well-intentioned but incompetent volunteers. There is no doubt, also, that in the era when men were men and doctors wore beards a dash up Main Street with hoofs clattering, wheels ringing on cobbles, gong clanging, and a red light to clear the way did provide relief from the sixteen- to eighteen-hour routine of the "house."

It now begins to appear, however, that much of the time which internes have spent riding ambulances might better have been spent working under proper supervision in the emergency room. Hospitals today must organize their activities on the basis of the greatest good to the greatest number. This requires making a sharp distinction between routine and emergency ambulance service. As bed occupancy increases and staffs dwindle, it is questionable whether professional manpower should be dissipated by routine ambulance riding on the part of internes.

FRAISSE

FERRUGINOUS COMP. AMPOULES

Exact Fraisse formula, now made here
AMPLE SUPPLIES AVAILABLE

Iron cacodylate 0.01 (1/4 gr.)
Sodium glycerophosphate . 0.10 (1 1/2 gr.)
Strychnine cacodylate 0.0005 (1/120 gr.)
Cacodylic acid 0.003 (1/20 gr.)

Before accepting as a fact
that ANY of the products
we distribute are unavailable,
please write us.



E. FOUGERA & CO., INC., NEW YORK, N. Y.

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QUESTIONS

your patients are asking about vitamins



Are vitamins needed in summer?

Yes. Vitamins are especially necessary in warm weather because people eat less and work or play harder. Certain vitamins are lost in perspiration, too.

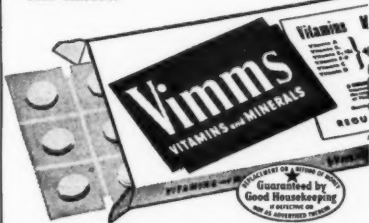


Why don't children like vitamins?

Because most vitamin products have fish-oil or yeasty taste. But children like that Vimms taste like candy. These palatable tablets are pleasant to eat, easy to swallow. And Vimms are constantly tested by chemical and biological assay as a guarantee of their quality.

Q. Is there a simple, easy way to get the essential vitamins?

A. Yes. Vimms supply all 6 vitamins known to be essential in the diet and the 3 minerals that belong with them, - Calcium, Phosphorus and Iron. All these vitamins and minerals are stabilized in one tablet.



Q. Are Vimms expensive?



A. On the contrary, they cost less than any product of comparable type and potency. (50¢ for 24 tablets; \$1.75 for 96 tablets.)

WHY THE VIMMS FORMULA WAS DEVELOPED

The Vimms formula was designed to bring the average diet up to or above the high vitamin-mineral recommendations of the Committee on Foods and Nutrition of the National Research Council. 3 Vimms tablets a day supply:

Vitamin A . 5000 U.S.P. Units
Vitamin B₁ . . 1000 micrograms
Vitamin B₂ . . 2000 micrograms
Vitamin P-P . 10,000 micrograms
Vitamin C . . 600 U.S.P. Units
Vitamin D . . 500 U.S.P. Units

+ { Calcium 375 mgs.
Phosphorus 250 mgs.
Iron, 10mgs.

A B₁ B₂ P-P C D CALCIUM PHOSPHORUS IRON



"HOW LONG BEFORE HE CAN EAT SOLIDS?"

After tonsillectomy, when pain and soreness make swallowing difficult, a question to be given prime consideration is the length of time before the intake of nourishing, solid food can be resumed.

By providing relief from pain in the throat, reducing the stiffness of throat muscles and stimulating the flow of saliva, which soothes the irritated mucosa

Dillard's Aspergum

enables the patient to maintain a suitable diet, with comfort, early in the convalescent period.

The practical simplicity of Aspergum is evident— $3\frac{1}{2}$ grains of aspirin are incorporated into each pleasantly flavored tablet. Chewing and swallowing bring the drug into prolonged contact with throat areas seldom reached by gargling. Topical and systemic analgesia is established. The chewing gum form is particularly appealing to children, who find gargling difficult.

Aspergum is ethically promoted—not advertised to the laity. Available in moisture-proof bottles of 36 tablets.

White Laboratories, Inc.,
Newark, New Jersey.

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PERISHING BY DELIQUESCENT...

Sydney Smith ... JUNE, 1835

am suffering from ... the hay fever,"
the brilliant Sydney Smith in June,
"My fear is, perishing by deliques-
cent; I melt away in nasal and lachrymal
uvia. My remedies are warm pedilu-
e, cathartics, topical application of a
ry solution of opium to eyes, ears and
terior of the nostrils. The membrane
irritable that light, dust, contradic-
an absurd remark, the sight of a
enter—anything, sets me sneezing."
ry summer thousands of pollen-sensitive in-
als experience the symptoms described so
more than a century ago. Treatment, how-
has been vastly simplified and improved

may now be promptly obtained following oral
administration of 'Propadrine' Hydrochloride, a
pure, synthetic drug, pharmacodynamically equiv-
alent to ephedrine, but clinically superior.

'Propadrine' Hydrochloride exerts the thera-
peutic effects of ephedrine, but is less apt to
evoke undesirable side-actions such as excitation,
restlessness and insomnia. When 'Propadrine'
Hydrochloride is administered, the use of seda-
tive is seldom necessary.

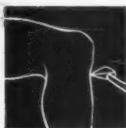
'Propadrine' Hydrochloride Capsules, $\frac{3}{8}$ grain
or $\frac{1}{4}$ grain, are issued in bottles of 25 and 100.

PROPADRINE HYDROCHLORIDE CAPSULES

Sharp & Dohme



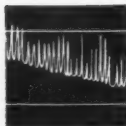
RESPIRATORY



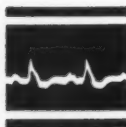
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ENDOCRINE



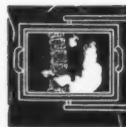
CARDIAC



UROLOGIC



INFECTIONS



GASTROINTESTINAL

Most Common Complication— **MULTIPLE VITAMIN DEFICIENCY**

No matter what condition is under treatment, latent vitamin deficiency is apt to occur.

Altered local and systemic metabolic processes, together with restricted intake or assimilation of essential dietary factors, may make multiple vitamin deficiency a common complication of practically every type of disease process.

In all instances you can prevent and treat multiple vitamin lack with a therapeutically potent, clinically convenient source of the vitamins—

PENDRON*

contains all eight known essential vitamins in amounts which are recognized by the medical profession and governmental agencies as the minimum daily requirement for optimum nutrition.

Each capsule of PENDRON contains:

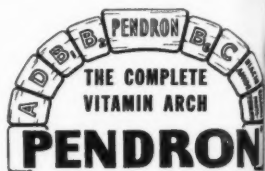
Vitamin A (Fish Liver Oil).....	4000 U.S.P. Units
Vitamin D (Activated Ergosterol-Whittier Process).....	1000 U.S.P. Units
Vitamin B ₁ (Thiamine Hydrochloride) 333 U.S.P. Units.....	1 milligram
Vitamin B ₂ (Riboflavin, Vitamin G) 800 S-B Units.....	2 milligrams
Vitamin B ₆ (Pyridoxine Hydrochloride).....	1 milligram
Vitamin C (Ascorbic Acid) 600 U.S.P. Units.....	30 milligrams
Niacin Amide (Nicotinamide, Pellagra-Preventive Factor).....	20 milligrams
Pantothenate Calcium (Filtrate Factor).....	1 milligram

Available in bottles of 30 capsules, full month's supply. Prophylactic Dose—One capsule daily.

PENDRON is made only in the distinctive two-color gelatin capsule.

• • •

Products of Nutrition Research Laboratories are promoted only through the medical profession.



*Reg. U. S. Pat. Off.

NUTRITION RESEARCH LABORATORIES
Chicago, Illinois

Heinz Offers A Special "Transition Diet" For Older Babies!

BECAUSE an abrupt change from strained foods to family menus is not generally advisable, doctors welcome the new intermediate Heinz Junior Foods, especially adapted to the needs of runabout babies!

Formulated by Heinz specialists and technicians at the Mellon Institute of Industrial Research, these mildly seasoned foods are prepared in particles big enough to exercise the toddler's new teeth. All 12 dishes are cooked according to the same scientific steam method Heinz uses in the preparation of Strained Foods. And many are made even more nutritious by the addition of elements such as soybean flour, wheat germ and brewers yeast.

Consider the five outstanding reasons why Heinz Junior Foods distinctly merit your recommendation:

1. Their palatability induces a child to eat the proper foods for his age.
2. They introduce the child at an early age to a larger variety of flavors.
3. Particle size promotes chewing—minimizes the likelihood of choking.
4. Vitamins and minerals are retained in high degree.
5. And Heinz Junior Foods are backed by a 73-year quality reputation.



THESE
TWO SEALS
MEAN
PROTECTION
FOR BABY

CHOPPED MIXED VEGETABLES

A blend of vegetables appropriate for the diet of children. Contains potatoes, sweet potatoes, carrots, celery, green beans, onions.

HEINZ

Junior Foods



HOW RY-KRISP CAN HELP YOU SAVE VALUABLE CONSULTATION TIME



In Prescribing Allergy Diets



Many doctors now use this handy Allergy Diet book. It lists allowed and forbidden foods, gives tested recipes for wheat, milk and egg-free diets. Ry-Krisp, made without wheat, milk or eggs—is a safe bread for those allergic to one or all three of these foods. Use coupon for supply of Diets.



In Prescribing Low-Calorie Diets



These Low-Calorie Diets—1700 calories for men, 1200 for women—are widely used by the profession. Ry-Krisp is indicated as bread because it has only 23 calories per wafer yet has a high hunger-satisfying value and provides bulk to aid regularity. Indicate quantity of Diets needed on coupon.



Ry-Krisp Merits a Place in America's Better Nutrition Program

The U. S. Government is advising everyone to eat a whole grain bread regularly. Ry-Krisp, made from pure whole rye, is an out-and-out whole grain bread. Yields 7 International Units vitamin B₁ per 6.5 gram wafer, is a good source of iron, copper, phosphorus, manganese. A delicious bread for all the family.



RALSTON PURINA COMPANY, 950F Checkerboard Square, St. Louis, Missouri
Please send _____ copies Low-Calorie Diets and _____ copies of Allergy Diets. No cost.

Address _____

City _____

State _____

(Offer limited to U. S.)

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Editorial

Resettlement: an Acute Need

There have always been too many physicians in our cities and too few in our rural districts. Now, because of military demands, this maldistribution is growing worse. If something isn't done about it—and quickly—says Katharine Lenroot, chief of the Children's Bureau of the U.S. Department of Labor, "physicians may have to be assigned on a salary basis to areas where there are serious shortages." Miss Lenroot, like Madam Perkins, has long been close to the White House; so she presumably knows whereof she speaks.

The White House would probably like nothing better than to influence the assignment of several thousand additional physicians on a salary basis to areas where there are shortages. A more satisfactory foundation for state medicine in the United States could scarcely be conceived. Before any such regimentation is attempted, however, the Administration realizes that, if only for the effect on public opinion, doctors must be given the chance to solve their distribution difficulty in a voluntary manner.

This chance was provided by the enrollment blanks which 140,000 medical men recently filled out and returned to the Procurement and Assignment Service. "Civil practice in other localities" was one of the choices listed. Enrollees who took the choice must now get ready to make good their pledge. If they don't, the Administration will have precisely the excuse it needs to justify adding hundreds of new doctors to the public health payroll.

The Procurement and Assignment Service has done much to prevent undue disruption of civilian medical care. But it cannot do the job alone. If the medical profession is earnest in its wish to avoid regimentation, it must furnish all-out aid. In fact, it must, wherever possible, take the initiative, remembering that every community without private care is an argument for public care.

There are too many such communities already, of which the Administration is well aware. A recent report of the Department of Labor declares that "The in-

adequacy of our community facilities for health and medical care have never been more strongly highlighted than in this period." It then gives these examples:

"One area in Michigan lost two of its physicians to military service and was left with two physicians for a population of 9,000.

"An Oklahoma community of 500 where a powder plant is now being built will soon have a population of from 6,000 to 10,000. In the whole area there is only one physician, and he is 75 years old.

"In South Carolina, an area having a population of 25,000 and five doctors reports that three of them have gone into military service, leaving only two elderly physicians who have retired from practice.

"In a Michigan area the population has grown from 14,000 to 38,000. Not even the health officer is a physician. Sewage is being carried off in open ditches. A minor epidemic could become a major catastrophe."

The preservation of private practice depends on the maintenance of at least reasonably adequate medical service in all parts of the country. It is to our interest to see that this is effected.

Preventing the drafting of essential civilian physicians for military duty is by no means the whole task. A substantial reshuffling of medical personnel is necessary to fill openings left by

(1) men who have insisted upon entering the service even though classed as essential, (2) those who have just completed their internships, (3) the deceased, and (4) the several thousand practitioners who have left their home communities to work in such war-boom industrial centers as San Diego, Seattle, Wichita, and Newport News.

Every civilian practitioner who would forestall Government encroachment on medicine will do well to determine what communities in his area lack proper medical attention. These places should be brought to the attention of his county medical society. If the gaps can be filled by united action locally, both the public and the profession will benefit.

For many a medically neglected area the ultimate solution must necessarily be another doctor or doctors. Yet in a number of cases, either as a temporary expedient or as a permanent measure, it will be found possible for practitioners from nearby towns to serve the area on a rotating basis, perhaps even setting up an office there where they can be available for consultation or treatment on specified days of the week.

If steps of this kind are not taken, the problem can easily become acute. There are those who hope it *will* become acute. Let us not be foolhardy enough to play into their hands.

—H. SHERIDAN BAKETEL, M.D.

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Progress Report on the Medical Procurement Program

Number of doctors now in service. . . State quotas. . . reason for recruiting lag. . . tabulation of questionnaires. . . draft boards

The approximate number of medical officers with the U.S. armed services on July 1, 1942 was 21,700. Of these, the army reported having 16,700. The navy, more cautious about divulging its strength, said it had "somewhat more than 5,000 doctors on active duty." The July 1 total of 21,700 compares with a June 1 total estimated at 20,000, thus indicating the assignment to active service of about 1,700 medical men during the month.

A number of readers have asked what percentage of the medical officers now on active duty have come from each of the forty-eight States. The Procurement and Assignment Service has these figures but declines to release them. The same holds true of quota figures showing the number of medical officers each State is *supposed* to furnish. Apparently, the reason for not making public the quotas is that such action might slow up medical recruiting in States that have already reached

the goals which were set for them.

The most striking fact about the lag in the medical procurement program is that eight States are almost entirely responsible for it. No less than 80 per cent of the additional physicians needed for the armed services in the second half of 1942 should rightfully come from these States. The eight recalcitrants are California, Illinois, Massachusetts, Michigan, New Jersey, New York, Ohio, and Pennsylvania.

Of these States, New York is at this writing lagging furthest behind. Its 1942 quota of medical officers for the army is 6,500. On July 1 it had only 1,500. (On July 6, Lt. Col. Sam F. Seeley of the Procurement and Assignment Service was scheduled to leave on a week's tour of the State to whip up enthusiasm and better coordinate medical recruiting with the selective service machinery.)

It should be noted that State quotas include "full-fledged phy-



sicians" only. Internes and residents are not counted.

MEDICAL ECONOMICS reporters have talked during the past month with a good many practitioners of military age. One of the commonest reasons for failure to seek a commission was expressed by an internist in these words:

"Few of the doctors I know are holding back for lack of patriotism. What they're really waiting for is some assurance that they'll get a fair deal. This applies particularly to men with dependents, who have built up fairly successful practices. In their opinion, physicians without dependents should [Continued on page 78]

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Questions about Medical Service with the Fighting Forces

Continuing the question-and-answer feature begun last month. Further inquiries that merit publication are invited from readers.

"Suppose a physician gets a commission in the army, takes the oath of office, and is granted fourteen days to terminate his private practice. Can he be sure of being called to active service at the end of the fourteen days?"

Yes. Generally he will first receive a letter advising him to prepare for receipt of orders. If his written orders are dated Aug. 10, and if they instruct him to report for duty at a certain station in fourteen days, he will be expected to appear there at that time—on Aug. 24.

"When does pay start—upon taking the oath of office or at the time of reporting for active duty?"

Upon starting active duty.

"Can I find out what rank I'll get, before I take the oath of office?"

Yes. Although a candidate for a commission must fill out the necessary papers and be found acceptable before a definite rank can be offered him, he will still be told what rank to expect, be-

fore he takes the oath of office.

"If a physician applies for a captaincy and is offered a lieutenancy, must he accept the lower rank?"

No. He may withdraw his application. He does not have to accept the lower grade. In fact, he may change his mind about entering the service and decline even the commission for which he applied. To date, at least, the army is not compelling any one to become an officer.

"What fixed expenses does the medical officer on duty have to meet, and how much do they amount to?"

Mess charges are the only ones. These vary, depending upon (1) whether the officer is serving in the field and upon (2) the cost of operating the particular mess to which he belongs. The officer may of course request that insurance premiums, family allowances, and other items be deducted from his pay voucher; but that is up to him. [Turn the page]



In an underground dispensary in Oahu, a member of the Army Medical Department gives first aid to a soldier.

"Can a physician sign up as a member of a hospital unit and be reasonably sure of serving out the war as a member of the unit?"

No. In an army in wartime nothing is sure—not even reasonably sure. Just last month the chief of one hospital's surgical service was detached from his unit and sent to Australia.

"How long after being commissioned does a medical officer

have to wait for his clothing allowance or for some money to pay for his uniforms?"

If his rank is below that of major, he will receive a \$150 clothing allowance within a few days after reporting for duty. He will draw his first pay voucher at the end of the month in which he becomes activated. The army makes no provision for advancing an officer's pay or his clothing

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allowance. When he enters the service, the Surgeon General's Office says, he should be able to make arrangements with his clothing outfitter to settle the bill after his uniform allowance is received.

"What is the purpose of the waivers for certain disabilities, requested by army medical examiners? To what do they commit the signer? What are the penalties for refusing to sign one? Does a signature on a waiver jeopardize one's chances of getting proper financial recompense for a service-connected disability at some later date?"

The physical defect "waiver"

is a misnomer. The signer does not waive anything. He simply acknowledges the existence of certain physical defects.

An applicant for a commission, having a minor disability that does not stand in the way of his being appointed for limited service, is asked to sign an affidavit recognizing the disability. If he does not sign, he is not accepted.

A reservist ordered to active duty is asked, when necessary, to sign the same affidavit. If he declines, he is placed on active duty anyway.

The purpose in asking for an applicant's written acknowledgment of [Continued on page 62]

Questions?

Have you a question about the medical man in his relation to military or naval service? If you have and if it would interest physicians generally, MEDICAL ECONOMICS will be glad to publish the answer. Write the question below, tear out, and mail.

to MEDICAL ECONOMICS, Rutherford, N.J.

Here's my question:

Name and address (optional)

Just by KEEPING WELL You can help win this war!



"It would help
save the doctor's
time if you'd
come to his office,
Mr. Jones."

MANY A WAR has been lost by sickness behind the lines.

What you do about your own health at home may be every bit as important as what you could do by flying an army plane or driving an ambulance at the battlefield.

FOLLOW THESE 5 RULES

Memorize these five keys to good health. Follow them carefully—for your own welfare and for victory.



1. Eat right

Milk, butter, eggs, fish, meat, beans and peas, fruit, green leafy vegetables, the vitamins.

Life Insurance Institute hammers home time-conservation theme suggested by MEDICAL ECONOMICS last May. Typical of its newspaper copy is this ad urging fewer house calls.

Health Drive Stresses Need of Saving Doctor's Time



An effort to impress upon the public the wartime need for conserving physicians' time is one of the main objectives of a \$250,000 "Keep Well Crusade" recently launched by the Institute of Life Insurance. In explaining the purpose of the campaign, the institute's president says:

"Today nearly one-third of America's physicians are on their way to the armed forces. Some of those who are left to take care of civilians are already dangerously overworked. The Government knows this. Public health services know this. The public does not."

Principal theme of the publicity campaign is to drive home five basic health rules to the public. Formulated with the aid of Surgeon General Thomas Parran, the rules are as follows: "1. Eat right. 2. Get your rest. 3. See your doctor once a year. 4. Keep clean. 5. 'Play' some each day."

With a large advertising agency (J. Walter Thompson Company) in charge of copy, the campaign calls for the insertion of advertisements describing these

rules in 270 newspapers reaching 22,000,000 readers. A series of posters repeating the theme are being distributed throughout the country, while an army of life insurance agents is to be mobilized to carry out the drive.

Some 110 U.S. and Canadian life insurance companies are participating in this crusade, which has the official endorsement of such bigwigs as Paul V. McNutt, Dr. Morris Fishbein, Surgeon General Parran, and others.

Advertising men point out that the size of the appropriation (moderately large, by advertising standards) is enough to make a genuine dent in the public's consciousness. Worth note in this regard is the expert touch evident in the publicity. Says a paragraph in one poster:

"You have your *car* checked and serviced every thousand miles. Do as much for your body. Physicians can *prevent* many diseases and illnesses for both children and grownups nowadays. Give your doctor a chance *now*, BEFORE you get sick. Go to see *him!*"—A. B. ECKE

Hospitalization Insurance: Private or Public?

The Administration's plan to provide socialized hospital care for America's 40 million wage-earners and their dependents

In his budget message to Congress last January, Mr. Roosevelt included this pregnant passage:

"I recommend an increase in the coverage of old-age and survivors' insurance, the addition of permanent and temporary disability payments, and *hospitalization payments beyond the present benefit programs.*"

The portion of the quotation italicized above seemed innocuous enough to many who read it earlier this year. Only now are they beginning to understand that the President's "recommendation" was actually a ukase to the Social Security Board and that what he meant was this:

"We intend to broaden the social security system so as to provide tax-supported hospital care for the more than 100 million people who, either through employment or dependency, are now beneficiaries of the Social Security Act. Enabling legislation will be prepared and introduced at the appropriate time. Hospital-

ization benefits will be made possible by the imposition of a payroll tax on workers and their employers."

No sooner had the Chief Executive called for extension of hospital benefits than the Social Security Board announced that it contemplated asking an increase of 1 per cent in the existing payroll tax—half of the 1 per cent to be paid by the employer and half by the employee. With the proceeds, it declared, a cash allowance of \$3 would be paid for each day of hospital care required by an employee or by a dependent of such employee.

In a letter to the New York Times on April 12, Arthur J. Altmeyer, chairman of the Social Security Board, elaborated on the proposal in these words:

"Our studies have recognized from the beginning that hospitalization payments could take different forms. At least two main types of plans have been considered:

"The social insurance system could guarantee to insured workers and their dependents whatever hospital service might be necessary, and pay the hospitals a fair reimbursement from insurance funds. Under a more limited plan, the insurance system would pay the insured workers and their dependents a fixed cash benefit in partial reimbursement for each day of hospital care received, up to a specified maximum in any one year.

"A plan of the first type would undoubtedly give more nearly adequate protection, but it presents administrative and other problems which would be avoided by a plan of the second type in which the benefit consists of a fixed cash payment to the insured person, leaving him to purchase such service as he sees fit.

"The Social Security Board has been inclined to recommend a plan of the second type. The benefit might be a minimum sum of \$3 a day or some other appropriate amount, in partial reimbursement for the cost of hospital service. For this program, as for social security programs generally, the objective would be to provide a minimum basic protection which many individuals would wish to supplement through other measures. . .

"The benefits considered would cover dependents of insured workers as well as the workers themselves. It would also cover retired workers and their dependents,

and survivors of insured workers who had died. This makes the protection much broader than is commonly found under somewhat similar programs. . .

"Social insurance benefits in general are designed to provide the worker only a basic minimum compensation for a risk. . . The plan which the board has suggested contemplates that the Federal Government will provide minimum protection only, to the mass of wage earners, and leave the remainder for the individual and for private associations to cover in any way and to any extent that seems desirable and feasible.

"It is our reasoned conviction that such a program would not interfere with the development of voluntary plans, but would result, as in the case of old-age and survivors' insurance, in stimulating greater efforts to meet the remaining needs."

The Social Security Board, it was learned last month, does not intend to submit to Congress any single, specific bill for providing hospital benefits to workers. Rather will two or more alternate plans be submitted so that legislation can be developed in consultation with interested Congressional committees.

No action has been taken as of this writing. But the introduction of legislation awaits merely the auspicious moment. Asked point blank last month when it would lay the issue before Congress, the Social Security Board refused to

comment. Meanwhile, rumor has it that this may take place as soon as pending tax and revenue bills are out of the way.

Whenever the board feels the time is ripe to press for broadening of the Social Security Act, any one of these steps may be taken:

(1) The President may send a message to Congress, recommending amendment of the act. (2) Members of Congress may introduce bills embracing the alternate plans drafted under Chairman Altmeyer's supervision. (3) Or the initiative may be taken by the Federal Security Agency, parent body of the Social Security Board, by calling upon Congress to act on the hospital-care issue.

Inasmuch as any measures introduced will require the raising of tax funds to finance them, they will necessarily be sent to the House Ways and Means Committee and possibly also to the Senate Finance Committee. Hearings will be held by the former group at which opponents and proponents will have a good opportunity to express their opinions.

In view of Administration support behind the hospital-benefit proposal, its serious consideration by the Ways and Means Committee is guaranteed. Particular interest will be shown in it by Government leaders committed to the policy of "taxation to prevent inflation."

How Congress will finally vote

on the measure is wide open to conjecture. However, the odds seem to favor its passage. The important questions are (1) When? and (2) With what modifications?

Prior to World War I there was less demand for hospital care than there is now. Hospitals lacked the public confidence they enjoy today, and physicians in general practice did not fully appreciate the team-work advantages made possible by hospitalization of patients. In that period the rich and the poor were well provided for while the in-betweeners—mostly artisans and white-collar workers—were neglected.

The war emphasized—as perhaps nothing else could have—the advantages of hospital organization. This was reflected in a greater appreciation of hospital care by the public. Post-war philanthropies increased the ability of hospitals to furnish care to the in-betweeners—but not as rapidly as the demand was growing. The problem finally became so acute that in 1927 when the Committee on the Costs of Medical Care was formed, hospitalization was given a prominent place among the subjects to be included in the committee's five-year study. The final report of the committee made it evident that many an individual can afford hospital care but that he often lacks an accumulation of cash with which to pay the bill when it falls due. What he needs, the



Pleader: *Chairman Altmeyer of the Social Security Board wants the Government to provide hospitalization for all workers and their families, adds that the Blue Cross plans have failed to protect the most needy.*

committee concluded, is the convenience of installment payments.

But hospital service cannot be "repossessed"; and installment sellers have found that the installment sale of any commodity

not susceptible of being repossessed is financially unsound. The logical solution was therefore to preserve the installment principle, but in *prepayment* rather than in *postpayment* form. This

meant hospitalization insurance.

The American Hospital Association undertook study of this problem early in 1933. In 1934 it promulgated certain "Essentials" on which the organization and operation of such insurance plans should be based. These essentials were: emphasis on public welfare; limitation to hospital charges; enlistment of professional and public interests; free choice of physician and hospital; non-profit organization; economic soundness; and cooperative and dignified promotion.

Following this enunciation of principles, some plans which had already been started modified their procedures and regulations. Soon enough data became available to give an actuarial basis for future plans.

The American Medical Association was at first opposed to these plans. It feared that while they did not directly influence the physician-patient relation, they might become an entering wedge for state medicine with its attendant evils. Time and experience do not appear to have justified these fears. In many instances the plans have directly benefited the physician by decreasing the resistance of the patient to recommended hospitalization. Moreover, when the patient's hospital expenses are provided for, the physician is better able to make prompt collection of his fee.

Since the provisions of Blue Cross plans have been subject to

evolutionary change—even quite recently—it may be well at this point to inject a thumbnail review of what a typical plan provides as of August 1942:

1. Enrollment is by employed groups, payment being made by the employer in a single remittance derived from payroll deductions, or, in the case of an organized group, through a group treasurer.

2. Enrollment must be voluntary, usually comprising at least 35-50 per cent of all employees or all in a group. A fair cross-section of the group contributes to actuarial soundness; what's more, the larger the enrollment the less the overhead.

3. Rates vary from 60 to 90 cents per month for subscriber only, from \$1 to \$1.50 for subscriber and one dependent, and from \$1.25 to \$2.25 for complete family coverage. In general, they reflect either the hospital rates of the community or the type of accommodation offered. (Since the incidence of hospitalization is greater among dependents than among workers, some plans charging the lower rate allow only a fixed percentage of hospital costs for dependents, the patient being required to pay the balance.)

4. All Blue Cross plans are service plans as distinguished from indemnity plans—i.e., they pay a fixed *per diem* amount directly to the hospital. This covers all ordinary costs, including room and

[Continued on page 64]

Chiropractic: Its Cause and Cure

Only two specifics hold promise of controlling this cult: rigorous licensing enforcement, plus wider use of basic science laws



Today chiropractic is energetically prosecuting its private campaigns on at least a half-dozen fronts. Here are a few random examples:

The cult's special talents for promotion are currently manifested in one publicity-wise endeavor: Many chiropractors are advertising free treatment for all men in uniform. In addition, vigorous lobbying campaigns are be-

¶This article, fourth and concluding installment in a series on America's most enterprising healing cult, describes what medicine has done and can do to restrict the growth of chiropractic.

Material for this series was obtained through interviews with chiropractors and their schools, research in libraries and newspaper morgues, and discussion with physicians who have helped guide the profession's opposition to the cult. The editors extend grateful acknowledgement to the many physicians and writers who have aided in the collection and verification of this material.

ing waged to secure special consideration for the cult within the War Department and the selective service administration. The long-standing war on medicine still flares up periodically, while the struggle for greater legislative recognition continues without a let-up.

The cult even shows signs of an effort at internal reorganization, designed to repair a few weaknesses in its armor. The educational director of the National Chiropractic Association not long ago made an address which was both a blunt concession and a rallying cry:

"The fact is painful. . .but the chiropractor is not accepted on the same plane with other professions, [sic] and the reason is that we lack a cultural and educational background which even the laborer expects to find in a professional man. . .The time to act [to rectify this] is now—not tomorrow or next year but now!"

For medicine, faced by these dynamic manifestations within chiropractic, perhaps the most

important current question is:

What can be done about it?

A number of physicians contend that the cult should be attacked with more vigor by organized medicine. Patients' spines were being snapped for thirty years, they relate, before serious notice was taken of it. Some leaders, they add, are still opposed to resisting chiropractic on the grounds that this "recognizes" it. These men, it is pointed out, have yet to learn the lesson in the statement of the Governor of Delaware to the State's medical society that "This profession [chiropractic] has been in effect so long that *the public*^{*} has recognized it."

Medical leaders, on the other hand, often pass the blame for the unhampered growth of chiropractic back to the "apathy" of medicine's rank and file. To illustrate this, an Illinois State Medical Society official disclosed the contents of a letter from a county affiliate. It was in response to his request that the local society write to a legislator reported to be favoring recognition of chiropractors. The county officer wrote: "We had a meeting with forty-eight members present. I asked all who knew Representative—to contact him. When we met again, I asked how many had contacted him. No one had." The State official commented that this was only one of "many letters of this sort."

^{*}Author's italics

When confronted by some of the unpleasant facts about chiropractic, however, the average medical man is not always "apathetic." Like Speaker Flynn at the 1939 meeting of the New York State medical society's house of delegates, he sometimes shouts: "Lock up two or three hundred [chiropractors] at a time!"

This has been tried. Ever since Shegetaro Morikubo in 1906 became the first of the coterie to be arrested, confinement has been part of a chiropractor's career. During the cult's first thirty years, more than 15,000 prosecutions against chiropractors are said to have occurred. Arrest is so much to be expected that one association's by-laws advise members: "Have as many friends as possible at your trial!"

It's been said that some chiropractors are such confirmed jail-birds that incarceration is no novelty for them whatever. One official of organized chiropractic has declared that he was arrested twenty-seven times. The Federated Chiropractors of America even adopted the slogan: "Go to jail for chiropractic!"

Outside of unfavorable publicity, medicine has seemingly netted little by prosecuting chiropractors. Only about a fifth of the thousands of such actions have produced convictions. There is ample evidence, moreover, that the punishment has sometimes hurt its administrators more than the recipients. Ohio, for instance,

once followed the Flynn formula. It locked up 200 chiropractors at a clip. Result: So much sympathy was stirred up on the prisoners' behalf that the State promptly licensed them.

Much the same thing happened in California. After forty of the flock—singing "Onward, Christian Soldiers"—were lodged behind bars, an initiative to legalize chiropractic swept the State. An Ohio judge compared the "persecution" of those brought before him to that of Christ. In the same State, a chiropractic couple—Mr. and Mrs. J. E. Willis

—bade a touching good-bye to their twin babies as they left to serve a 100-day sentence. While incarcerated, they were said to have received more than 100,000 letters of condolence.

Sometimes chiropractors take advantage of their sojourns in jail to practice on any nearby inmates. C. P. Eifertson, onetime vice-president of the American Bureau of Chiropractic, emerged from prison with credit for having cured his keeper of blindness.

Another section of the medical profession feels it is not necessary to [Continued on page 72]



Victory Label a Collection Aid

A new return-postage device, recently approved by the U.S. Post Office Department, suggests a collection wrinkle which physicians may find to be of attention-getting value. Called the "Business Reply Victory Label," it consists of a gummed sticker, two inches square, on which are printed your name, address, and the usual indicia of a business-reply envelope. When it is enclosed with a bill, the recipient merely attaches it to a postcard or envelope of his own, and it then serves as both address and postage. Any person holding a postal reply permit may use the labels; and a physician who does not have

a permit may secure one without charge on application to a postoffice. Printed on white with blue or red ink, the labels cost approximately \$2.20 a thousand, as compared to about \$5 a thousand for conventional business-reply envelopes.



“Should I Store My Equipment or Should I Sell It?”

*If you expect to join the medical corps,
here are the basic pros and cons on the
disposal of your professional equipment*

Of the many decisions a physician must make in winding up his practice before entering military service, the problem of disposing of professional equipment is often the most troublesome to resolve.

Should he sell his equipment?

Should he try to rent it to a colleague?

Or should he store it against the day of his return to private practice?

Chief reason why the decision may prove difficult is that there are convincing arguments for each course of action. Inquiry among men who have already entered service and among a national group of surgical-equipment dealers reveals that any decision is, in effect, a blind gamble—blind because most of the factors affecting the odds are shrouded in the future. Nevertheless, it is possible to outline the seven or eight major determinants which a physician should consider before making his sell-rent-or-store

decision, and to summarize the fundamental arguments pro and con. Here, first, are eight basic “test questions”:

1. Does the physician own all or most of his equipment, or are there substantial payments still outstanding? If a man does not hold clear title to his X-ray machine, for example, he is not free to sell it without making specific arrangements with the legal owner (except, perhaps, when the resale price obtainable is greater than the amount still owed).

2. Is his professional equipment of the sort for which there is considerable demand, or is it comparatively unusual specialty equipment? It's generally easier to find a buyer for, say, a standard model examination table than for a laryngostroboscope.

3. Is his equipment fairly new or obsolescent, in good condition or badly worn?

4. Does he have any place in which to store it at little or no cost to himself, or must he use a



public warehouse for storage purposes? If his own or a friend's attic is available for storage purposes, his only fixed storage cost may be insurance—which will in most cases amount to less than the steadily accruing charges of a warehouse.

5. Has he made any tentative postwar plans which would affect his store-or-sell decision? For example, is it likely that he will wish to enter a specialty after the war, or move to a different kind of community, or in any other way rearrange the pattern of his medical practice?

6. Is he sufficiently hard-pressed

for cash to wish to liquidate his investment in equipment, whatever the state of the secondhand market?

7. If he should decide to dispose of his equipment, can he persuade a colleague to rent or to buy the bulk of it?

8. Is the commercial market for used medical equipment good or bad in his locality?

Armed with individual answers to these questions, our hypothetical practitioner is better able to evaluate the common arguments for and against storage. However, a word of caution is advisable:

A sound business decision made

in Portland, Maine, might be wholly unsound if made in Portland, Oregon. Best policy, therefore, is to investigate local secondhand markets, storage, warehouses, etc.

FOR STORAGE

Prime argument in favor of storage is that a doctor may not at present be able to get much cash for his equipment.

"The secondhand market is demoralized," says a large eastern medical equipment dealer. "One reason is that few young men are entering practice these days (and they used to be the ones who bought most of the used medical

equipment). Another reason is that many doctors entering the army are doing so at real financial sacrifice. Some are so in need of immediate cash that they have to sell their equipment for whatever it will bring."

A second argument for storage turns on the belief that doctors may have difficulty securing equipment immediately after the war. Points out one surgical dealer:

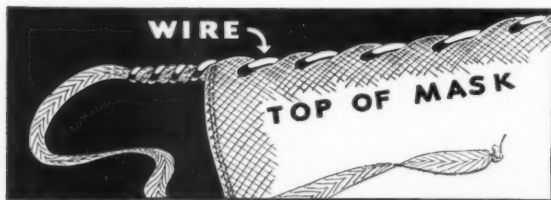
"Manufacturers in our field are devoting most of their capacity to war production. After the war it will take them a while to make the change-over to peacetime



A No-Fog Operator's Mask

Helpful to surgeons who wear glasses is a suggestion for a no-fog operator's mask, contributed by a practitioner in Atlanta. The mask is similar in principle to certain commercial masks which have a flexible metal strip enclosed along their upper border. It can be easily and quickly de-

vised. Simply take a length of wire, of the sort used in attaching tags to pathological specimens, and thread it along the upper edge of the conventional gauze mask. The mask can then easily be bent to follow the contour of the nose and face, and exhaled breath will no longer fog eyeglasses.



work. At the same time, many demobilized physicians will be trying to buy all the equipment they can get their hands on. The result will probably be a serious pinch in distribution. It's my feeling that the doctor who has equipment in storage may be able to get a running start in rebuilding his civilian practice after the war."

By the same token, advocates of storage assert that postwar prices of new medical office equipment may rise sharply. Few surgical dealers feel that prices will *stay* up, but many expect them to soar during the first year or two after the war. Says the head of one retail concern:

"Gambling on a price rise is of course tricky business. But I happen to know of several young doctors who not so long ago invested a good deal in furniture and equipment—even though they knew they would probably be called soon and would then have to store it. It happens that they have already made a substantial paper profit, since they couldn't duplicate their purchases now at anything like the same price."

Among the lesser arguments in favor of retaining one's office equipment are the following:

It may be difficult to secure the right *kinds* of equipment after the war, in view of the military character of surgical equipment produced during the war, and also in view of the fact that civilian physicians will perhaps have ab-

sorbed a good deal of the second-hand equipment available during war years.

Secondhand prices will presumably rise as the war continues and as physicians on the home front are allowed to purchase only the most essential new equipment. Hence, according to this argument, a doctor who enters the service now might profitably store his equipment at present, arranging to sell it in six months or a year when the secondhand market has improved. (Critics of this plan of disposal have pointed out that it might be given an unpatriotic interpretation and termed a form of shortage profiteering.)

FOR SELLING

Most doctors who have sold their equipment before entering service agree on a single reason as the determining factor in their decision. Less rational than emotional, it can be put this way:

"I want to make a clean break. Since I'll be starting a wholly new kind of life in the army, I want to feel free of strings left hanging from the past. By selling, I can dispense with fixed storage and insurance charges on equipment I am not using now and don't know that I'll ever use again. After the war—if I come out of it whole—I can begin a new medical career unencumbered by leftovers, and with the same enthusiasm I had when I was fresh out of medical school."

The need for cash is of course

another frequently mentioned motive for selling. A physician whose scale of living and fixed expenses exceed medical corps pay and allowances, may find that liquidation of his equipment is the only way to tide himself over the difficult period of scaling his outgo down to a lower income level.

According to MEDICAL ECONOMICS' Survey of Medical Practice, the average physician in 1939 had more than \$3,000 tied up in professional equipment, while a fifth of all U.S. doctors had at least \$5,000 so invested. Needless to say, the recoverable value of this investment varies drastically, depending upon such things as the nature, condition, and quality of the equipment, the local resale market, and the immediacy of the need to sell. For example:

One physician disposed of his relatively new and partly irreplaceable equipment to a colleague for an amount very close to its original cost; whereas another one was flatly advised by his surgical dealer: "Don't be fool enough to sell your stuff. You'd be lucky to get 15 cents on the dollar."

To return to the primary arguments put forward for selling, some surgical dealers assert that the retail market is not everywhere unfavorable. They express the opinion that increasing restrictions on the manufacture of "health supplies," plus increasing

demands by civilian doctors, may soon push secondhand prices up steeply.

Surgical tradesmen have pointed out that the low resale prices of which some doctors complain apply chiefly to the less expensive kinds of equipment: stethoscopes, sphygmomanometers, and devices costing less than, say, \$40. Such heavy equipment as treatment tables, basal metabolism devices, and X-ray machines, they declare, bring far better resale prices.

Another argument for selling is expressed by a physician who remarks that "Maybe prices will be high after the war—but *not for long*. When manufacturers devote their new capacity to peacetime production, when huge Government stocks are thrown on the market, when a very probable postwar depression forces prices down, and when technological advances make old medical equipment obsolete, the physician who has been paying out for storage and insurance on his old office equipment is going to regret his decision."

CONCLUSION

To the doctor hurriedly winding up his affairs before his marching orders arrive, there are valid reasons to buttress almost any conclusion he may arrive at about his equipment. As previously mentioned, the ultimate soundness of his decision is a gamble—with the odds varying

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Dr. Bradley

"The Agnew Clinic," by Thomas Eakins, one of the best-known paintings recorded in the collection of Dr. William N. Bradley

He Collects "Doctors Portrayed in Art"

Twelve years ago a Philadelphia pediatrician with a connoisseur's interest in painting began an unusual private collection. He titled it "Philadelphia Physicians as Represented in Art." Portraits, sketches, busts, even silhouettes of past and present Quaker City doctors were included; only pho-

tographs definitely were barred.

Today Dr. William N. Bradley's collection has far outgrown the hobby stage. It consists of more than 2,800 items, housed in the venerable College of Physicians of Philadelphia. Discovering that what began as a busy

[Continued on page 60]

The Referred Case and How to Reciprocate for It



I remember the Spring of 1919. Doctors who had served overseas were coming home. Enthusiastic welcomes were booming everywhere, and there was a running fire of luncheon invitations. A good friend of mine, a roentgenologist who had lately returned, told me that with the handshaking and backslapping often came some such remark as this:

"It's great to see you back! Did my best for you while you were in France. Sent all my work to the chap you left in your office."

My friend added, his eyes twinkling mischievously: "These ardent well-wishers didn't know that in my office was a ledger with their names in it, and that under each man's name was a list of the cases he had referred to my office while I was away, with date and amount paid. When I referred to it I found that those who talked the most about what they had done for me were usually the ones who had done the least."

I was amused and a little surprised. "Do you mean that you

had your secretary keep such a record just for spite?"

"Not at all," he replied. "I had a much better reason:

"As we all know, there are, besides fee-splitters, some doctors with a weakness for related forms of unethical practice—men who refer patients unnecessarily, or who refer patients to the doctor who sends them the greatest number of cases. The honest and conscientious practitioner leans over backward to avoid such dealings. But in the process, he often falls into another error."

"What's that?"

"The error, not of dishonesty, but of *discourtesy*. Make no mistake, discourtesy can both undermine a doctor's success and endanger the best interests of his patients. I keep that ledger not only for my own satisfaction, but that I may never fail in my obligations."

"I started my little system when my referred cases were so few that I could remember everything about them without writing down a word. I bought an alphabetical-

ly indexed double-entry ledger. When a doctor referred a case to me I gave him a page in the ledger, at the top of which I printed his name. The ledger being of the double-entry type, there was a line down the middle of each page. Over the left hand column I printed the word 'FROM,' and over the right hand column the word 'TO.' On the 'FROM' side I placed the name of each patient referred to me and the date. When I had occasion to refer someone to that doctor, I placed the person's name and date of reference under the 'to' heading.

"At the end of the book I reserved a few pages for monthly and yearly summaries. So at a moment's notice I could tell exactly how I stood as to referred work. I tried to sprinkle my references about equitably. There was no guessing or remembering about it. It was exact. I made it an inflexible rule to repay every obligation—in kind if I could."

"And if you couldn't?"

"Then I made every effort to do the referring doctor a good turn in some other way. Mind you, I'm not talking now about any of the shady fringe of practitioners. To them I never accorded anything more than a formal report. I never knocked them, either; I merely neglected them.

"But to get back to my system. When I saw from my chart that my return references were not approximating the number I was receiving from some physician, I

made a point of doing something else for him—such as inviting him out for an afternoon of golf or for dinner and the theatre.

"If the method sounds cold-blooded and businesslike, ask yourself this: Doesn't a socially active woman keep a list of her obligations, fulfilling each one within a definite time? Why shouldn't a professional man do likewise? Because I write my obligations down to keep them straight, the repayment is no less sincere than it would be if I tried to carry it in my mind.

"Naturally, the first and best method of repayment is to do your absolute best for the patient referred, to give the referring man the benefit of a prompt and explicit report, and to see that the patient invariably returns to his own doctor. The matter of reports is particularly important. A written report from an X-ray man is always expected, but it's my feeling that *all* doctors should send written reports on their referred cases. It's astonishing how slipshod many good men are in this particular. A telephoned report at the time is essential in most cases, but it should always be followed by a written report which can be filed as a part of the patient's history.

"I believe that I owe much of my present volume of referred work to care in reporting promptly. I make it a point to have a typewritten report on the desk of the referring doctor the morning

after I've finished examining his patient. This has sometimes meant that my secretary and I worked until midnight, that she got down to the office at 7 the next morning, and that instead of mailing the reports we hired a messenger to deliver them.

"Don't overlook the fact that the referring doctor has a duty too: the duty of being *explicit*. He should telephone or write the doctor to whom he is sending a patient, indicating exactly why he is doing so. For instance:

1. " 'Mrs. Paul Jones consulted me today. A few moments' conversation showed that she didn't need a surgeon but a medical man, so I'm referring her to you.' "

2. " 'I'm going to operate on Mrs. Harry Smith for a breast fibroma the last of this week, and I'd like to have you give her a thorough check-up before Friday.' "

3. " 'I operated on Mrs. Joseph Brown last October for gastric ulcer, and she was well until lately. Now she's having a lot of indigestion. I'm sending her along to you for strict supervision of her diet and whatever medication you think necessary.' "

"This procedure is simple and satisfactory. It obviates the case of the patient who wanders in without knowing exactly why he has been sent and who either receives unnecessary attention or forces the second doctor to ask the reason for the referral.

"One of my pet peeves is the doctor who remarks: 'By the way,

I referred a patient to you the other day.' Sometimes he can't even remember the patient's name. My ledger often shows that no patient has come to me from him for some time.

"If you wish to build good-will by references, you can't do it *casually*. You should give the patient an earnest little sales talk on the doctor to whom you're sending him; you should, whenever possible, telephone in the patient's presence and get an appointment for him; you should give him your own card with the other doctor's name and address written on it, the time of the appointment, and the words, 'Introducing Mr. So-and-So.' Followed routinely, such measures mean that the patient will seldom get lost, that your reference will really mean something to the other doctor, to the patient, and to you.

"When a referred patient consults me, I try to find something complimentary to say about the doctor who sent him. Patients identify themselves with their doctors; and they expand with personal pride when you inferentially affirm their judgment.

"It's been my observation that the physician who combines professional ability with the unfailing courtesy of ethical counter-reference, or with kindly and full acknowledgment of some sort, generally has more first-class referred work than he can handle."

—MYRNA CHASE

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Good Morning, Nurse!

Dr. William Tartar, afflicted with previously undiscovered aortic stenosis, was admitting the epileptic Stanley Peterson to his neurological service when he himself staggered, fell unconscious to the floor, and twitched faintly once or twice. The patient called for help, but in a moment Dr. Tartar had recovered from his transient cerebral anoxia, and with Stanley's help climbed shakily to his chair. The patient looked at his doctor a long moment, then turned to go.

"I guess I better not stay, Doc. If I find someone to do me any good, I'll send you his name."



Dr. Ballard, compiling figures on the contraceptive effectiveness of a jelly of his own composition, has run into the usual snags that tangle statistics. His latest instance in point is Mrs. Finley, a model of forgiveness in adversity, whose reliance on the jelly resulted in the appearance of an unforeseen Finley offspring.

She has absolved Dr. Ballard of all blame, however, and for good reason: In the dark and confusion of an urgent moment,

Mrs. Finley inadvertently substituted for Dr. Ballard's product a tube of toothpaste.

It appears, in consequence, that whatever properties this well-advertised dentifrice may possess, its spermicidal action is a proven dud.



On the far corner of the window-ledge for the past two years, a robin family have been keeping house. For a week now, four newly hatched fledglings have lived in the nest—pulsing globules of protoplasm, all mouth. Three of these, at the first chirp of mother, open their gullets to the sky for whatever may drop in. The fourth does not; at intervals the mother pecks baby's beak with her own, and sometimes the mouth opens tentatively and receives a morsel.

To pediatricians beset with the problem of babies who will not eat, I offer this avian neurosis as a consoling instance of the universality of the disease.



For the third time in the past five years, Frank Hillier is in the



—excellent, too, as a routine treatment of minor injuries and simple infections of the skin. The analgesic, antipruritic, antiseptic action of this preparation alleviates discomfort and decreases the tendency to complications by encouraging uninterrupted healing.

- CAMPHO-PHENIQUE is particularly useful for the early and sustained use on irritated, injured and infected skin areas.

CAMPHO-PHENIQUE comes in three convenient forms: Liquid, Powder and Ointment.

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700 N. Second St., St. Louis, Mo.
Send me sample of Campho-Phenique.

Dr. _____

Address _____

City and State _____

hospital, recovering from a recurrence of his amnesia. Again he can remember nothing of the ten-day hiatus in his recent past.

Like the recurrent figures of a pattern, certain intriguing features repeat themselves in all of Frank's amnesic episodes. Each time the attack comes on pay day. Each time, an obscure geographic instinct, no doubt akin to that of the spawning salmon, takes Frank a thousand miles away to Trenton, N.J.

An unexplained change from his usual penniless homecoming is the fact that last time Frank left with \$80 and came back with \$155. The difference, invested in a fur neck-piece for Mrs. Hillier, has done a great deal to liven her sympathy for her husband's affliction.



To Abner Gorday, busy with bus-driving and girls, has come the dubious privilege of serving science in the role of a laboratory animal. When recurring paroxysms of tachycardia brought him to the office, an EKG disclosed the rare Wolff-Parkinson-White syndrome, whereupon Abner found himself an object of medical curiosity. He displayed commendable acquiescence in the projected study of his cardiac mechanism—he exercised to perspiration, posed for EKG's in every possible posture, he retched with digitalis and flamed with papaverine, and he never once grumbled. But one day Abner was put



MORALE IS A LOT OF LITTLE THINGS

THIS IS DR. HOOPER. He didn't start off so chipper this morning. Sort of gloomed along until he came to Main Street.

Then the sweet old lady on the corner gave him a flower for his buttonhole. Now look at Dr. Hooper!

That's what *little* things can do for people.

A cheering word . . . a good friend who drops in . . . a letter on the breakfast tray . . .

Pleasant little things like that—they all add up to what we call

morale. They keep us smiling.

It happens that millions of Americans attach a special value to their right to enjoy a refreshing glass of beer or ale . . . in the company of good friends . . . with wholesome American food . . . as a beverage of moderation after a good day's work.

A small thing, surely—not of crucial importance to any of us. And yet—*morale is a lot of little things like this.* Little things that help to lift the spirits, keep up the courage.

And, after all, aren't they among the things we fight for?

A cool, refreshing glass of beer—a moment of relaxation . . . in trying times like these they too help to keep morale up.



on quinidine, and promptly the next morning he called up to renounce all further interest in the future of the medical profession.

"It's no use, Doctor. I got a livin' to make. Now I got to keep scratching this rash, and every five minutes I got the diarrhea. Who can do all that and drive a bus too? And anyway, even if the medical magazine prints them chicken tracks, who'll know it's me? It ain't like havin' your pitcher in the paper..."



Elderly Dr. Hurba has a scheme of his own when eliciting the history in cases of possible thyrotoxicosis. His method is to ask the man whether he ever argues with his wife that the room is too warm or the bed-clothes too heavy. This works quite well on the whole, and yields revealing information on the man's heat tolerance (and incidentally on the degree of his domestic felicity).

Recently, however, the good doctor has been forced to modify

his interpretation of data thus obtained. In two successive instances he has hit on the stumbling-block that a wife in menopause may out-glow the most thyrotoxic of husbands.



Dr. Singley, in his discussion of abdominal wounds and their emergency care, dwells on the newer methods of preventing infection, and cites the experimental finding that cleansing the intestinal tract prior to visceral injury reduces the virulence of the peritonitis that follows.

This suggests still another way in which the present war differs from all previous wars. It would seem that the extra tot of rum before battle is now obsolete; the scientific thing is to give the boy a cleansing enema before they go over the top.



For a middle-aged man with a paunch, Jimmy, the elevator operator, has remained remarkably spry through the years. The

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Rapidly effective hemostatic used parenterally wherever bleeding from capillary or vein is profuse or uncontrolled.

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A New Star over America

THIS is the new All-Navy "E" burgee. With its added star, it signifies that, for a period of over six months, production of Navy material has been apace of schedule. First flown in America over the Bausch & Lomb plant, it is official Navy recognition to B&L workers of their continued achievement in Production for Victory. It replaces the Bureau of Ordnance flag and "E" pennant awarded Bausch & Lomb July 25, 1941.

The Navy "E" has always been an honor to be striven for, to be guarded jealously. On gun turret, battleship funnel, or the flag-staff of an industrial plant, it is a symbol of championship performance. But today, Navy officials—and the American public—

are anxious to see this award in as many places as possible. Because "championship performance" is what America needs today—all down the line.

Workmen at Bausch & Lomb are devoting to the specific implements of war, the experience and skills gained in the production of scientific optical instruments. Today the world depends on America's men-behind-the-men-behind-the-guns to destroy the forces of aggression—that the ideals of individual freedom may survive.

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OPTICAL COMPANY • ESTABLISHED 1853

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day after registration for the draft he shows up with a cane, limping heavily, and young Willis leans over to me to remark *sotto voce* on Jimmy's foresight against imminent recruitment.

On my last trip down, Jimmy stops the car between floors, and says: "Have you got a minute, Doctor? Nobody around here knows about my wooden leg, but I want you to have a look at it. I slipped yesterday when I went to register, and now there's a crack in it. It's the first time I've hurt this leg since they shot it off in the Argonne."



All through Mr. Hoag's visit, I sensed a measure of reserve. There seemed to be nothing about a dislocated shoulder that a man need be ashamed of, yet Mr. Hoag was clearly uncomfortable, as if holding something back.

With his humerus restored to his glenoid fossa, Mr. Hoag was about to leave, when he suddenly plunged into confession:

"You know, Doctor, my coming to you is really a special com-

pliment. I'm a doctor myself—a doctor of chiropractic."

I couldn't find it in my heart to charge a poor man who had worked too hard at his trade and had suffered an occupational injury. After all, who knows how near the time may be when I, too, may fail from overwork and be in need of an adjustment?



Colleague John H. (H. for hypochondriac) Langley, unyielding bachelor, had been in bed for two weeks with a backache. I dropped in to see him, and found the invalid in glowing health. After a lengthy and vigorous dissertation on the causes of backache, he brought out a paper whereon he had listed, in the order of their probability, his own diagnoses:

(1) Tuberculosis of the spine with psoas abscess; (2) spinal cord tumor; (3) prolapsed intervertebral disc; (4) retroperitoneal sarcoma.

His trouble is engorgement of the prostate.

—MARTIN O. GANNETT, M.D.

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A Serious Problem In Industrial Efficiency. How Many Physicians Meet It

Handling these cases of weak and fallen arches is now simplified for the Physician. A simple prescription, calling for Dr. Scholl's Arch Supports for relief from tired, aching feet, excessive fatigue or rheumatoid-like foot and leg pains, suffices to insure proper fitting. Dr. Scholl's Arch Supports are available at Surgical, Shoe, Department Stores and Dr. Scholl's Foot Comfort Shops. Expertly fitted by attendants trained in Dr. Scholl's scientific methods.

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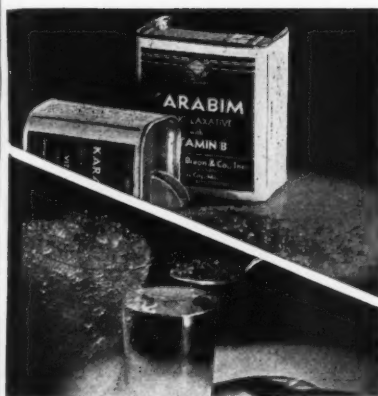
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Karabim has been established as an enlightened means of correcting chronic constipation. It markedly increases the bulk of the feces and retains their fluid content after they reach the descending colon. By distending the rectum it causes the subjective sensation that begins defecation. The hydrogel formed by Karabim is bland, not gummy, and not irritant.

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In the usual patient *Karabim* is fully effective. In severe cases it may be necessary in beginning treatment to prescribe *Karabim with Cascara* and to change to the plain after the evacuation rhythm has become a habit.

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Blended Anesthetic Action
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Employs healing action of 10% urea.

Special Hydrophilic Base
Disintegrates rapidly, mixes with mucous and serous secretions. Does not leak.

Boxes of 12

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THE WM. S. MERRELL COMPANY
Cincinnati, U. S. A.

"Doctors Portrayed in Art"

[Continued from page 49]

doctor's diversion now has wide historical value, the Free Library of Philadelphia not long ago photo-copied the entire collection, preserving the negatives in its vaults for safekeeping.

Dr. Bradley's exclusion of photographic portraits springs from an aversion to the camera. A photograph is a mere likeness, he feels, whereas a painting can penetrate a man's character. Ironically enough, Dr. Bradley soon found that since his project was beginning to bog down of its own bulk, he would have to photograph all items on 2½" x 3¼" negatives. He is now an expert if unwilling photographer, and his collection is compactly contained in thirteen bound volumes.

Because a physician who had his portrait done in oils or his features chiseled in marble was usually a man of consequence, the Bradley collection is to a large extent a gallery of local "greats." Among the best-known paintings photographed in the collection are Thomas Eakins' masterpieces, "The Gross Clinic" and "The Agnew Clinic."

A Philadelphia artist tells a story (Dr. Bradley doesn't know about it) reflecting the high regard in which the collection is held. It seems that the artist had had a major operation, but found it impossible to pay the surgeon's bill. He suggested that he'd like to paint the doctor's portrait in

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Provides High Potency in B Factors of Known Therapeutic Importance, Supplemented by Whole B Complex from Liver.

This physiologically balanced preparation for parenteral administration assures adequate intake of those vitamin B factors of known importance in human nutrition, supported by the complete B complex as supplied by liver extract.

In prophylaxis and treatment of B avitaminosis, Bevitam provides rapid therapeutic response with small, well-tolerated doses.



COMPOSITION

Each 1 cc. contains:

Vitamin B ₁	2000 U.S.P. units
(Thiamine Hydrochloride, 6.0 mg.)	1.0 mg.
Vitamin B ₂ (Riboflavin)	15.0 mg.
Nicotinamide	0.5 mg.
Vitamin B ₆ (Pyridoxine Hydrochloride)	0.25 mg.
Calcium d-Pantothenate	
All other factors of the vitamin B complex as derived from liver extract.	
Also contains 2% Benzyl Alcohol and 0.5% Phenol	

RECOMMENDED DOSAGE

1 cc. injected intramuscularly or subcutaneously. Response to initial doses and the individual patient's condition may necessitate slight decreases or increases from this amount.

PACKAGE SIZES

Available in 5 cc. and in 10 cc. puncturable rubber-stoppered vials.

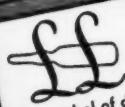
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The symbol of dependable parenteral medication

settlement. The surgeon was unenthusiastic—until the artist pointed out that a portrait would permit him to be included in Dr. Bradley's collection.

Result: The artist had his bill marked "paid in full"; Dr. Bradley entered and indexed a new print; and the surgeon beams happily whenever he thinks of his proximity to the immortals.

—GEORGE H. ECKHARDT

Military Questions

[Continued from page 33]

physical defects existing prior to induction is to protect the Government against unwarranted future claims. By affixing his signature, the officer or candidate for a commission does not sign away any of his legal rights. Nor does he damage his opportunity of getting financial recompense if subsequently, while in military service, he becomes partly or totally disabled.

"I can satisfy all the requirements for a commission in the Army Medical Corps except one.

I was graduated from a German medical school but was subsequently prevented by the Nazis from getting a license to practice in Germany. Might the Surgeon General's Office waive this requirement?"

Yes. Waivers can be and are being granted in such cases where the conditions justify it.

"Can a citizen of an enemy nation or of a nation friendly to the enemy get a commission in the U.S. Army Medical Corps?"

Only in rare instances when the physician's ability and reputation are so outstanding as to justify a G-2 investigation. Ordinarily he is disqualified if he is a citizen of Japan (including Korea), Germany, Austria, Italy, Bulgaria, Hungary, Rumania, Finland, or Thailand. He is also disqualified if he emigrated to the United States after Jan. 1, 1938, from France, Poland, Norway, Denmark, Belgium, the Netherlands, Luxembourg, Greece, Czechoslovakia, Yugoslavia, Albania, Latvia, Esthonia, or Lithuania.

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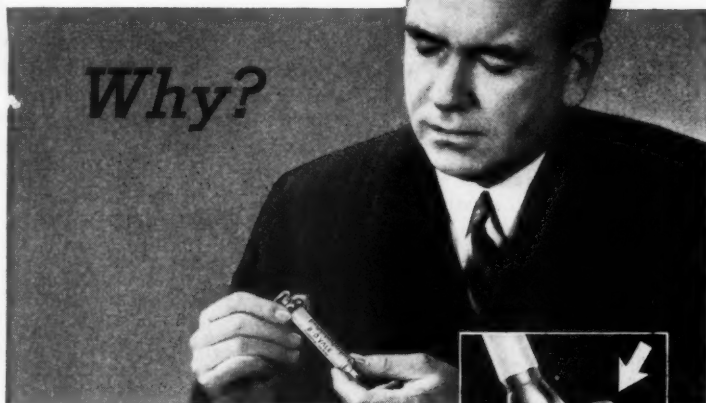
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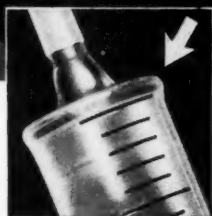
NEW YORK, N. Y.

The base of the barrel is flared

Why?



RUN your finger down the barrel of a B-D Syringe. At the base of the barrel the walls bulge slightly. This flared-out barrel base eliminates the last grinding score-mark on the inside of the barrel, which caused so many bases to pop off at the slightest provocation.



B-D PRODUCTS
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Now, when B-D barrels are ground, the grinding tools go off into space at the base of the barrel, leaving no final score-mark to promote premature breakage.

This is another manufacturing detail that saves money for professional users. It is another example of precise manufacture, the ultimate object of which is professional preference based on satisfactory experience.

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Hospitalization

[Continued from page 40]

board, operating room, laboratory and X-ray charges.

5. Coverage is limited to twenty-one days in a year. It does not usually include hospitalization for tuberculosis, mental disease, or venereal disease. Nor does it cover maternity care until the contract has been in effect for one year.

6. Accommodations provided are semi-private. The patient may, however, select a more expensive room if willing to pay the difference in cost from his own funds.

7. The patient has free choice of those hospitals with which the plan has contracts.

Because a large proportion of the hospital's extra costs (*e.g.*, operating room, laboratory, and X-ray) occur within the first three or four days of the patient's stay, there is a marked tendency among Blue Cross plans to pay "short-stay" rates to the institutions with which they deal. Thus the rate per day for one, two, or three days is much higher than for succeeding days.

Since 1934, approved Blue Cross plans have multiplied to a total of 71. Some are limited to a single city; some are State-wide.

Practically all have such reciprocity arrangements that the subscriber's coverage continues wherever he may be in the United States or Canada.

These plans have, as of August 1, 1942, more than 4 million subscribers and more than 9 million beneficiaries. They finance an average of about one day's hospital service per subscriber per year. The hospitalized patient stays about 8.5 days in the hospital, costing the plan an average of \$46.50. There are 2,200 Blue Cross hospitals.

While most Blue Cross plans began by furnishing semi-private accommodation in a two- or three-bed room, the needs of lower-income patients are now encouraging the establishment of "ward-rate" plans. These provide accommodations in multi-bed wards but with the same operating room, laboratory, and X-ray services.

In some cities it is required that ward-rate subscribers be people who have low incomes—say, less than \$2,000 a year. A total of 43 plans now give full family coverage for \$1.50 or less per month; 25 of these charge only \$1.25 per month.

Rural groups as well as urban groups share Blue Cross benefits.

[Turn the page]

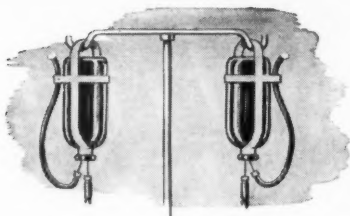
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"THE BENEFICIAL RESULTS OBTAINED ARE USUALLY SUS-
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 "THE SAFETY OF THIS FORM OF THERAPY HAS, WE BELIEVE, BEEN ESTABLISHED"

Snyder, Squires, Foster, Trager and
 Wagner: *Indus. Med.*, 11:7 (July) 1942.



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Every published report on a large series of ETRON-treated cases has confirmed the observation that adequate treatment with ETRON is without serious toxicity and is effective in the large majority of cases.

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The best clinical response is noted when ETRON is administered in adequate dosage over a long period. A suggested outline of treatment is available on request. Likewise, a bibliography of the literature to date will be sent to interested physicians.

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ETRON is made only in the distinctive two-color gelatin capsule.

Products of Nutrition Research Laboratories are promoted only through the medical profession.

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TRITION RESEARCH LABORATORIES

Chicago, Illinois

In one county in northern Illinois half the 2,000 farm families are members. According to the American Hospital Association, conferences with the U.S. Department of Agriculture indicate the possibility of national sponsorship of Blue Cross protection for all low-income farmers.

While the hospitalization plans of the Social Security Board are not final, they can at least be examined in the form proposed to date and compared with Blue Cross plans. The Blue Cross offers adequate hospital care under a voluntary system; the Social Security Board suggests cash indemnity toward the cost of necessary service under a compulsory system.

A number of medical associations have gone on record against the Social Security Board proposal. The Massachusetts Medical Society describes it as "the first step in the direction of the complete control of the care of the sick by government." An editorial syndicated in various newspapers has referred to it as "a measure which would tend to

make medical care a definite province of centralized government."

Specific criticisms of the SSB proposal include the charge that benefits are too small and that the protection is therefore inadequate. In many of our large population centers, it is pointed out, the cost of routine ward care approaches or exceeds double the \$3 daily allowance proposed.

Half the Blue Cross subscribers who require hospitalization remain in the hospital for six days or less, SSB opponents declare, adding that such short stays are relatively expensive. "The first day of hospital care may cost \$30, \$40, \$50, or even more," says Dr. S. S. Goldwater in an article in the *Modern Hospital*. "How will the Social Security beneficiary enjoy his participation in a compulsory plan that gives him only \$3 with which to meet a \$50 hospital bill?"

"In some localities, particularly in rural or semi-rural districts in the South, \$3 *per diem* would approximately defray the cost of the routine ward service customarily rendered; but nowhere

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THEN . . . when stools become consolidated
one tablespoonful of Kaomagma with
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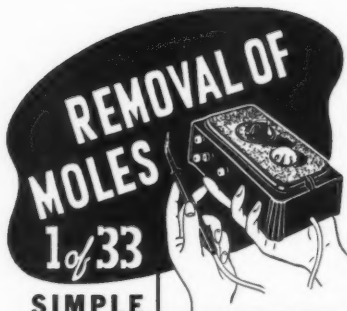
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- Coats and protects the irritated mucosa, acting as a mild astringent.
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would it cover expensive special items such as X-ray, operating room, and laboratory fees; blood transfusions; anesthesia; physical therapy; and the like."

Other critics of the Social Security Board scheme have called attention to the fact that for the \$3 daily hospital benefit, a single worker earning \$1,200 a year would have to chip in with his employer to pay a yearly tax of \$12; while in return for complete hospital service under certain voluntary plans he would be assessed only \$6 a year. Likewise, in the case of a married man earning \$1,500-\$2,100, the SSB would expect \$15-\$21 a year from him and his employer in return for \$3 a day toward hospital care for himself and his dependents; while under certain voluntary plans he would pay only \$13.50 a year to get complete hospital service for his entire family.

Those opposed to the SSB proposal also assert that payment to the beneficiary does not guarantee payment to the hospital. No matter how honest his intentions, a hard-pressed and distraught worker may well use his cash benefit for other things, thereby making his proper hospitalization a dream rather than a reality. Thus, the opposition concludes, the government which attempts to abolish the need for such help will again find itself assuming the burden of the patient's care.

To recapitulate, the principal criticisms of the SSB plan are as follows:

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The anatomically correct tampon gives Protection—without Pressure!

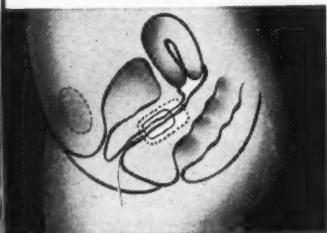
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Meds are designed to fit the natural contour of the vagina. They are the result of years of clinical research by a leading gynecologist.

When properly inserted, Meds lie high above the sphincter, well below the cervix.

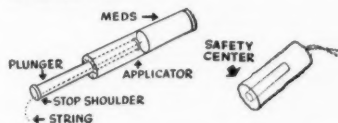
In actual use, Meds do not expand abnormally. (Note diagram below).



When fully expanded, there is no pressure on the cervix or sphincter—no backflow! No damming of menstrual flow! Solid line shows size of Meds before expansion. Dotted line shows limit of expansion of Meds in use.

Anatomical correctness and comfort are

the most important reasons why Meds are so desirable. Here are some additional reasons:

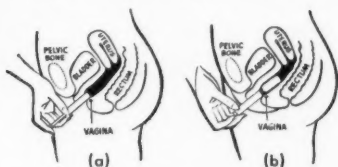


Individual applicators! And each Meds applicator is constructed so as not to fall apart or collapse in use.

Extra-protection "safety center"! Meds' exclusive "safety center" feature nearly doubles area of absorption—makes absorption fast... sure!

Hold 45cc. of moisture! Meds absorb more than 3 times their weight in moisture.

Individually wrapped! Meds are kept sanitary, clean until ready for use.



Easy to use! (a) Applicator in position, ready to use. (b) One finger presses plunger to expel Meds into the vaginal tract. Fingers do not enter vagina—no fear of infection from fingernails.



Every MEDS package insert recommends that women with anatomical variations consult their physicians as to the advisability of using Meds.

FREE! Professional supply of MEDS
Personal Products Corp., Dept. M-52
Milltown, N. J.

Please send me, **FREE**, a professional
supply of Meds.

Name

Address

City.....State.....

1. Benefits are inadequate;
2. The cost is unduly high.

Social Security Board spokesmen reply that the \$3 *per diem* benefit is still tentative and that their purpose is to give only minimum protection anyway. To the second criticism they apparently have no answer.

The Social Security Board seems to worry little about the attacks launched against its hospitalization proposal by private interests. Its attitude seems to be that "You can find all the minor flaws you like in our plan, but you can't get away from the overwhelming flaw in the Blue Cross system—namely, that it fails to help those who need it most." This cannot be denied; for although Blue Cross benefits are potentially available to 67 per cent of the population, only 7 per cent actually receive them. "The voluntary hospital insurance systems," says Mr. Altmeyer, "have recruited their subscribers in the main from economic groups well above the neediest."

Thus, from both sides of the patient's bed, the discussion goes

on. There is something to be said for each point of view. It is eminently desirable to spread the benefits of hospitalization among as large a proportion of the U.S. population as possible. On the other hand, private enterprise, as represented by the Blue Cross, has accomplished a great deal and should have every encouragement to continue its work.

There seems reason to believe that the outcome will be a combination of the two systems, with tax-supported hospital (and medical) care for the "lowest third" and private care for the other two thirds.—J. H. KING, M.D.

Chiropractic

[Continued from page 43]

jail chiropractors: just deny them licenses. In forty-three States and the District of Columbia, chiropractors may obtain their own licenses; in the remaining five States* they must either meet medicine's standards or practice without benefit of license. A heat-

*Louisiana, Massachusetts, Mississippi, New York and Texas.

Here's the Sterilizer you need

Check the features of a Castle "673" against the Sterilizing needs of your busiest day . . . "Full-Automatic" Control . . . CAST-IN-BRONZE Boiler . . . porcelain top that's big enough for a really useful work area . . . roomy double cabinet with glass door and shelves . . . silent foot lift. WRITE.

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1167 University Ave. Rochester, N. Y.



RELIEF

FOR THE IRRITATED BOWEL

IN THE various types of colitis and constipation, irritation from food residue, roughage or dehydrated fecal matter is often present.

How to regulate motor activity without further irritating the delicate mucosa is a problem which confronts the physician daily.

The "Smoothage" of METAMUCIL provides the desired regulative-soothing action. With ingested water, METAMUCIL forms a soft and fine-textured bulk. Irritating particles are picked up and a demulcent film protects the mucosa.

Metamucil

(GREEN LABEL)

—a highly purified, bland, non-irritating extract of *Plantago Ovata* (Forsk) combined with a special dextrose base which mixes easily with water or fruit juices—provides the gentle impulse that initiates reflex peristalsis and re-establishes proper bowel function.

Supplied in 1 lb., 8 oz. and 4 oz. containers.

G. D. SEARLE & CO.

ETHICAL PHARMACEUTICALS SINCE 1888

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New York

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San Francisco



SEARLE

ed controversy has taken place within the medical profession over the acceptability of State chiropractic boards.

In the light of recent findings, the argument appears to have been in vain. For it doesn't seem to make much difference whether chiropractors are licensed or not. About one-quarter of those in practice have never bothered to obtain a license anyway; and legal loopholes and obsolete laws often make it well-nigh impossible to bring them to justice. Actual checks also indicate that, as a rule, States which don't license chiropractors have proportionately more than those which do.

Medical men who feel that licensing restrictions are useless to control the cult frequently pin their faith on another approach: basic-science legislation. This consists, as most physicians know, of State statutes requiring all new applicants for healing licenses to secure passing grades in an examination in the basic sciences (usually anatomy, bacteriology, chemistry, pathology, and physiology). This qualification is jus-

tified with the argument that no practitioner of any denomination is fitted to treat illness without thorough grounding in these fundamentals.

It is true that these laws, as their critics charge, fail to eliminate chiropractors already in practice. But their operation also shows that they tend to shut off the supply of replacements at the source. Relatively few chiropractors dare to take the examinations. Of these—as statistics gathered over seven years in nine States demonstrate—nearly 70 per cent flunk. Almost all chiropractors concede that their lot has become “exceedingly difficult” in States with such statutes. The Ellsworth County (Kansas) Chiropractic Association goes further. “In a few years,” it predicts, “chiropractic will no longer exist within [those] States.”

The difficulty is that up to now only sixteen States* have been willing to provide such protec-

*Arizona, Arkansas, Colorado, Connecticut, Florida, Iowa, Michigan, Minnesota, Nebraska, New Mexico, Oklahoma, Oregon, Rhode Island, South Dakota, Washington, and Wisconsin. The District of Columbia also has a basic-science law.

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tion. And in some which have, the effect has been perverted through amendments inserted by chiropractors or their representatives. As the result of cultist campaigning, passage of basic-science bills has been blocked in several sections of the country, and future efforts to secure enactment will undoubtedly mean bitter pitched battles.

In some States organized medicine has not agreed that basic-science laws are weapons of choice in restricting the cult. The New Jersey State medical society, for instance, has believed that these examinations are not an accurate measurement of true medical ability—that a person might pass a didactic examination and yet

remain incompetent to practice medicine wisely. Accordingly, the society backed the passage of a rigidly drawn law which (after 1944) requires all chiropractors to meet the same educational requirements as are imposed on physicians.

The ultimate test of such a law lies of course in enforcement; and in this respect New Jersey may be more favored than some other States, since a jury is not mandatory there in cases where chiropractors are on trial for unlicensed practice. Good evidence suggests that jurists are somewhat less susceptible than juries to the blandishments of a chiropractor at the bar.

Incidentally, New Jersey's ex-

Through The Menstrual Years of Life.



INDICATIONS
Amenorrhea, dysmenorrhea, menorrhagia, metrorrhagia, leucorrhoea.

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SUPPLIED
in ethical pkg., of 20 capsules

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BLOOD PRESSURE

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IN HYPERTENSION

Assures Longer Action

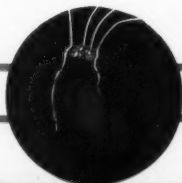
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Veratrite offers a means of extended relief during the periods of exacerbation and remission in hypertensive cases. It is of aid in preventing the "peaks" or explosive action of high blood pressure and avoids periods of marked discomfort and disability of the patient. Containing Veratrum Viride, Sodium Nitrite and Phenobarbital, Veratrite meets the recognized principles of sound therapeutic practice.

Administration is orally, and since the product is controlled chemically and biologically, the dosage may be adjusted to the response observed by the reduction of the blood pressure. Veratrite, itself is not a source of danger to the patient when used in therapeutic doses.

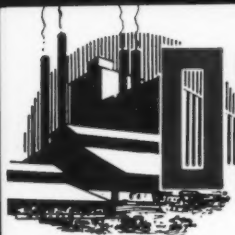
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DISABILITY PERIODS**

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Osmopak is a soft, green osmotic pack of 58% Magnesium Sulfate, 1% Benzocaine, 1-25,000 Brilliant Green, in a water-miscible base. It is applied under personal supervision of the physician with a moisture-proof dressing. Available in 1½ lb. jars. Write for complete literature.



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CLINITEST

The New Tablet Method

JUST 3 SIMPLE STEPS:

- ①** 5 drops urine
plus
10 drops water
- ②** Drop in tablet
- ③** Allow for reaction
and compare with
color scale



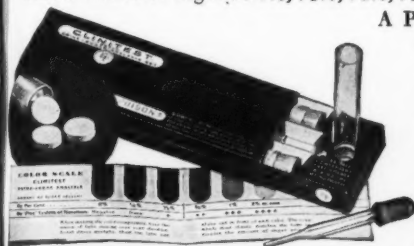
DEPENDABLE RESULTS—CLINITEST Tablet Method is based on same chemical principles involved in Benedict's test—*except*—no external heating required, and active ingredients for test contained in a single tablet. Indicates sugar at 0%, $\frac{1}{4}$ %, $\frac{1}{2}$ %, $\frac{3}{4}$ %, 1% and 2% plus.

A PRACTICAL ECONOMY—

Complete set (with tablets for 50 tests) costs your patient only \$1.25. Tablet Refill (for 75 tests)—\$1.25.

Write for full descriptive literature

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perience in securing enactment of this legislation may hold lessons for medical societies in other States. Says a physician who helped lead the struggle for the bill:

"Chiropractors deluged the legislature with letters and wires—they even brought their patients along to testify to healing 'miracles.' We soon discovered that the best way was not to attack chiropractic on its principles, but to put stress on its low educational standards. . .

"Members of a State legislature aren't particularly interested in what a State medical society thinks about a bill. What a legislator cares far more about is what the individual physicians in his own constituency think about it—and legislative efforts must be shaped accordingly. It took two years of hard work to get our bill through both houses, and the fight to prevent the law's emasculation or repeal has to be fought over again each year."

Whether medicine's best answer to chiropractic lies in basic-

science laws or in carefully enforced licensing regulation is not entirely clear. Many doctors are convinced that it is only a matter of time until the public (and legislators) become educated to the need for *some* form of effective legislation. Other, perhaps more far-sighted physicians believe that hastening the arrival of that day is one of the profession's most pressing obligations.

—ARTHUR J. GEIGER

Medical Procurement


[Continued from page 30]

go first; family units should be preserved as long as possible; selection of doctors for military service should be according to specific classifications and categories, as in the case of laymen.

"Take my own case. I'm 43. I have a wife and three children. I also have a good-sized home to maintain. Is it fair to expect me to apply for a commission when younger men with fewer responsibilities are not doing so?

"Right in this town there's a

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A Decade of Progress in Hemorrhoidal Therapy

STOPS HEMORRHOIDAL PAINS WITHIN 5 MINUTES

RECTAL MEDICONE
Hemorrhoidal Anesthesia

IS SUPPOSITORIES
CONSTITUTION

Anesthetin (Benzocaine)	3 gr.
Ephedrine Hydrochloride	1/16 gr.
Epinephrine Hydrochloride	2 gr.
Salicylic Acid	2 gr.
Starch	2 gr.

MEDICONE COMPANY - NEW YORK, N. Y.

STORE COOL

The medical profession during the past ten years has prescribed RECTAL MEDICONE with ever-increasing confidence and approval. Clinical experience in many hundred thousand cases proves that RECTAL MEDICONE stops hemorrhoidal pain within 5 minutes.

Its action is not limited to palliation alone. The prolonged anal anesthesia induced by the suppository breaks the vicious circle of intense pain and inflammatory reaction, so that—under regulation of the patient's mode of life—bleeding ceases and engorged veins retrogress. A state of quiescence which favors healing frequently ensues.

The wide and constantly growing employment of RECTAL MEDICONE attests most eloquently to the foremost place which it has attained in its field.

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RECTAL-MEDICONE

physician ten years my junior, whose only dependent is his father. After he had refused a commission the draft board reviewed his case and granted him a deferment, placing him in 3-A. And still the procurement service wonders why *I* don't apply!"

Up to July 1, approximately 140,000 enrollment blanks had been returned to the Procurement and Assignment Service by physicians. State chairmen are checking up on the 40,000 who did not return them. In this group there is reported to be a sizable number of practitioners in governmental and military service who evidently thought their compliance was not needed.

The information set forth on

most of the blanks has been transferred to punch cards. But, according to Lieut. Col. Seeley, its tabulation has not reached a point (as of July 1) where a report can be made—on even a sampling—as to the number of practitioners who volunteered for the army, the navy, and other services. He intimated that the number giving the army or navy as first choice was so small that the breakdown might not be publicized at all—or at least not in the near future.

State procurement boards are already being supplied by Washington headquarters with the names of physician-enrollees who signified willingness to work for the Government, in industry, and

IN ARTHRITIS

TWO "musts" present themselves for consideration in every arthritic case:

(1) Thorough Catharsis and Diuresis

In removing all foci of infection, the colon is not overlooked—for arthritics are "invariably constipated." Occy-Crystine effects prompt and thorough catharsis—as well as profuse diuresis, hastening the clearance of the blood stream.

(2) Compensation for Sulfur Deficiency: Since arthritic tissues "have lost the power to retain sulfur," a more normal sulfur metabolism may be encouraged by the administration of Occy-Crystine, which, in the presence of gastric hydrochloric acid, releases colloidal sulfur—so frequently helpful in providing symptomatic improvement. Write for samples for your own clinical trial!

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Please send samples of Occy-Crystine and clinical report.

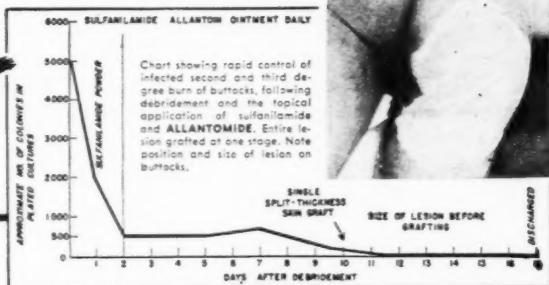
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BURN

... and other infected wound healing



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The use of Allantomide in the following conditions has been reported.

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| Pyrogenically infected wounds | Infected burns |
| Infected traumatic wounds | Live burns |
| Contaminated surface wounds | Superficial ulcers |
| Cham operative wounds | Chronic leg ulcers |
| Infected operative wounds | Varicose ulcers |
| Postoperative skin defects | Diabetic ulcers |
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| Compound fractures | Furunculosis |
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| Extensive body burns | Pemphigus |
| | Pedicular pubis |
| | Vaginal secretion due to bacterial infection |
| | Ulcerated cervix |
| | Low grade rectal infections |

ALLANTOMIDE is valuable in preventing and combating infection in burns; in clean or grossly contaminated wounds; compound fracture; varicose and decubitus ulcers; infected traumatic wounds; localized abscesses and carbuncles.

After the infection is under control following adequate debridement of the wound and the application of sulfanilamide powder, Allantomide is applied daily on fresh dressings covering the entire affected area. This stimulates growth and granulation tissue.

"The substitution of sulfanilamide-allantoin ointment for the pure powder allows a prompt resumption of the normal healing process and at the same time maintains a clean wound."

"The excellent results obtained by preparing some forty superficial wounds for skin grafting by the local use of sulfanilamide and sulfanilamide-allantoin ointment (Allantomide) has been most encouraging. The method is simple and applicable to all areas of the body."

*Veal, J. R.; and Klepper, R. G. (Surgery, Vol. 10, No. 6, Dec. 1941, 947)
 **Veal, J. R.; Klepper, R. G.; and DeVito, Michael P. (American Journal of Surgery, Vol. 54, No. 3, Dec. 1941, 716)



ALLANTOMIDE is supplied in one ounce tubes and also in four ounce, one and five pound jars.

For literature write to The National Drug Company, 4663 Stenton Avenue, Philadelphia, Pa.

NATIONAL DRUG CO.

in other civilian communities. State boards will serve as clearing houses for placement of such doctors where they are needed most. A number of physicians have already been resettled, but details about them are not yet available.

The procurement service says it is not seeking to influence selective service boards to crack down on eligible physicians who fail to apply for commissions. However, the names of such doctors, it declares, are being "held in readiness" by the State procurement committees so that they can be supplied immediately to draft boards—on request.

In previous months there has been a good deal of talk about getting the various States to liberalize their medical licensing laws so that gaps left by doctors going into service might, if necessary, be filled easily by physicians from other States. The demand for such action now appears to be lessening. Recent developments indicate that it may be possible in most cases to make replacements from within the

same State, thus obviating the need to liberalize licensing laws. Even Paul V. McNutt has implied that it will ordinarily be possible to "avoid the necessity for any consideration of plans to allocate doctors from other States to meet civilian needs."

—WILLIAM ALAN RICHARDSON

Store or Sell Equipment?

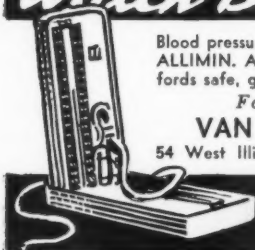
[Continued from page 48]

according to such things as whether he has a vacant attic available to him, whether he may subsequently decide to forsake general practice for a specialty, whether the fortunes of war are kind or harsh.

But to a substantial number of physicians the logic of storing seems a little more cogent than the logic of selling. This is evidenced by the findings of a MEDICAL ECONOMICS reporter who recently questioned a number of physicians just before they left for active duty and discovered that 60 per cent had decided to store their equipment.

—F. H. ROWSOME JR.

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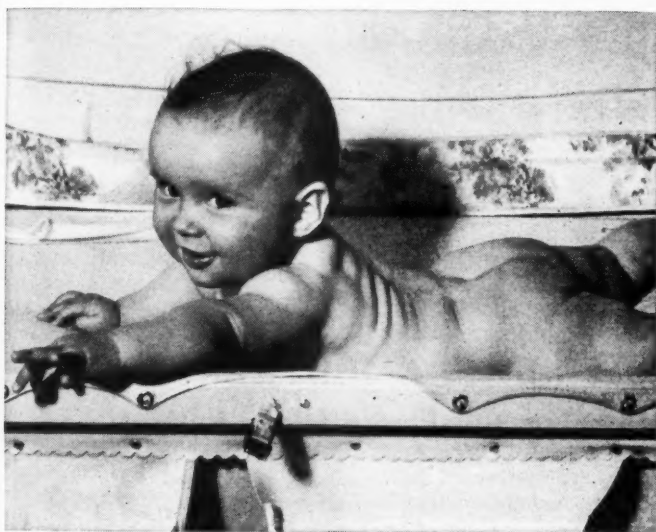
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*Send for 12 free trial bottles
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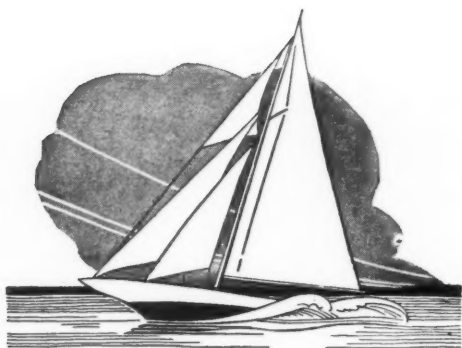
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Please send me, free of charge, one dozen sample bottles of Johnson's Baby Oil.

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The importance of a safer, smoother course of treatment for the peptic ulcer patient is self-evident.

If the course is set with Gelusil, these favorable effects may be expected:

1. - no constipation, because its specially prepared aluminum hydroxide forms no astringent aluminum chloride with the hydrochloric acid.
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4. - protection against the loss of calcium and phosphorus that may result from treatment with simple alumina gel.

Why not give Gelusil a trial so that you may determine for yourself just how effectively the treatment of peptic ulcer may be aided by this new preparation. A request on your letterhead, addressed to the Professional Service Department, will bring a liberal trial quantity. Gelusil is available in bottles of 6 and 12 ounces.

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The Newsvane



"Storm Trooper" McNutt

A sharp reaction to Federal Security Administrator Paul V. McNutt's ultimatum to the medical profession was published recently in the *Detroit Free Press* and reprinted in the *Detroit Medical News*. Consisting of a savage cartoon and an equally savage editorial, it was perhaps the strongest of the many reactions provoked by McNutt's Atlantic City address.

The cartoon, captioned "Self-Appointed Storm Trooper," depicted McNutt garbed as a Hitler agent, brandishing a whip and shaking his finger under the nose of a determined-looking man with a doctor's bag labeled "U.S. Medical Profession."

The editorial likened McNutt's "or else" ultimatum to a "phrase of gangsterdom, a favorite edict with the Al Capones, the Goebels, and the Himmlers." The conclusion:

"Employed toward any group of Americans by a Government official, it is not only maladroit but insulting. Used as a threat against members of the medical profession, one of the groups representing the best things in our

society, its offensiveness is especially flagrant. Mr. McNutt owes not only the doctors but all Americans an apology for his excursion into the language of Hitlerism. The people of this Nation want to be led, not pushed around, Mr. McNutt."

British Doctors' Cars

American physicians who have experienced inconveniences in securing rationed cars, tires, or gasoline can take comfort from the fact that their difficulties are as nothing compared with those accepted by British colleagues.

In Britain, "petrol" is rationed on the basis of horsepower. Country practitioners who have to cover many more miles than town physicians were allotted additional supplies only after strenuous intervention by the British Medical Association. It's reported that many physicians still have to make repeated appeals before obtaining barely sufficient allotments.

New "tyres" are prohibited to all civilians, and doctors must prove the urgency of their situation before they may obtain retreads. There is no priority for

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BABEE-TENDA Safety Chair

All parents want "SAFETY FIRST" for their babies. That's why they buy the BABEE-TENDA Safety Chair—it is low and can't topple over like a high chair and cause serious or fatal accidents. A Safety Halter Strap prevents baby from falling or climbing out. Used indoors and outdoors, folds compactly for traveling. Highly endorsed by the Medical Profession. Endorsements sent upon request. Sold **ONLY** direct to consumer.

• NOT SOLD IN STORES •

Write for Circulars and Prices

THE FORT MASSAC CHAIR CO.
503 Finance Bldg. Cleveland, Ohio

doctors to permit them to secure repair parts, which are rationed in Great Britain. Only in exceptional cases is the purchase of a new car authorized.

Surgical Rehearsals

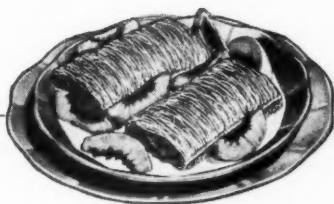
Advising members of surgical teams to visit hospitals where they expect to be stationed in wartime emergencies, Dr. Perrin H. Long, head of the Department of Preventive Medicine at Johns Hopkins, suggests that by spending a half day in such preparation, doctors can acquire much useful information regarding available equipment and the general set-up.

War Medicine in Britain

The physician's problems in World War II are no longer strictly and exclusively medical problems, asserts an editorial in the British Medical Journal. Said to be worth pondering by U.S. physicians—since the interrelationship of medicine and the war has developed further in Britain than in America—are the journal's basic contentions:

The editorial argues that the complaint of some physicians in the armed services that they have no work to do is an indication that their time is sometimes wasted, but it also shows that some medical officers may not realize their full responsibilities. It is the obligation of doctors in service to make commanding officers realize that a mechanically perfect bomber, tank, or submarine is

Every day
at least one
whole grain food!



★ So say the Official Nutrition Food Rules, in the interests of wartime efficiency. An appetizing whole grain food, always convenient to serve at any meal, is Nabisco Shredded Wheat.

Made of 100% whole wheat, this cereal affords 100% of whole wheat's plentiful energy, and is recognized as a good source of Vitamin B₁, as *Nature* provides it.

An inexpensive breakfast of Nabisco Shredded Wheat, milk and berries or fruit is one that includes three of the recommended types of food, a source of essential vitamins and minerals.

In recommending this whole grain food, which has been a "standby" for more than 45 years, it is well to specify the full name—Nabisco Shredded Wheat, the original Niagara Falls product.



Baked by NABISCO
NATIONAL BISCUIT COMPANY



not an efficient war machine if it exposes its crew to excessive cold or to oxygen deprivation, to undue noise and vitiated atmosphere, or to carbon dioxide above physiological limits. Doctors must also demonstrate that the man assigned to the job he can do well will be happy and resistant to war strain, whereas the misfit will be a grumbler and a drain on the morale of his organization.

The British Medical Journal also points out that the profession has made great strides in solving the war's purely medical problems. "But we have been less well prepared to deal with broken homes, shelter life, evacuation, and war shifts in population density. The blackout and transport

difficulties, the problems of leisure and expenditure in the face of growing shortages of consumer goods, the enrollment of women in the services, the employment of married women with young children—all these are to a large extent new problems with a medical aspect."

Dafoe Lauds Old-Timers

Younger physicians have much to learn from "the old horse and buggy doctor," in the opinion of Dr. Allan Roy Dafoe of quintuplet fame.

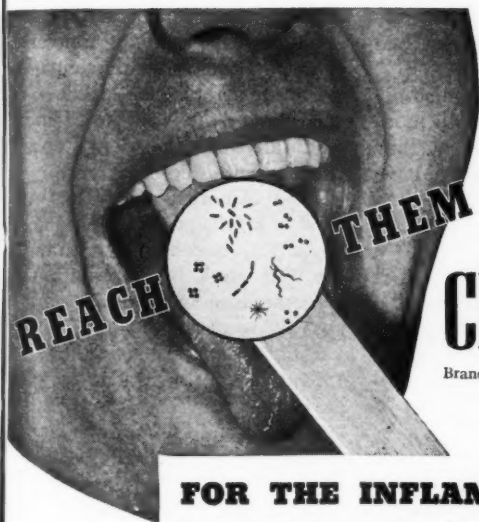
Speaking of "tricks the young fellows never heard of," Dr. Dafoe recently remarked that he often had stitched surgical incisions with hair from a horse's tail.

Symptomatic Relief of Hay-Fever and Asthma

ANTISPASMODIC
ANTICATARRHAL
DECONGESTIVE
AND SEDATIVE
IN POLLINOSIS
PRODUCED BY
GRASSES, PLANTS
BUSHES, TREES
AND RAGWEEDS



Professional samples sent on request
MEDICONE CO., 225 Varick St., New York



CĒPACOL

Brand of alkaline germicidal solution

FOR THE INFLAMED THROAT

To reach and destroy pathogenic organisms that breed in the mouth and throat, a germicide of highly specialized nature is required . . . it should have rapid germicidal action, high penetrating power, yet be non-injurious to delicate tissue.

Cēpacol, the new kind of solution for topical application as gargle or spray, more than fulfills these difficult requirements.

Rapid Germicidal Action—By standard F.D.A. tests, Cēpacol destroys pathogenic bacteria common to the mouth and throat *within 15 seconds after contact.*

Penetrating and Detergent—Unusually low surface tension permits penetration into otherwise inaccessible recesses of the mucosa. Because of its foaming detergency, Cēpacol washes away mucus that forms a breeding ground for bacteria.

Non-Irritating—In spite of its powerful germicidal action, Cēpacol is non-toxic and non-irritating . . . soothing to inflamed mucosa. It is not astringent, and does not interfere with healing.

Alkaline—Unlike most antiseptic solutions, the pH of Cēpacol is on the alkaline side . . . combats acidity in the oral cavity.

Pleasant Tasting—The pleasant, refreshing flavor of Cēpacol insures patient cooperation.

Cēpacol is available at prescription pharmacies in pints and gallons.

Trade Mark "Cēpacol" Reg. U. S. Pat. Off.

Write for sample and literature



THE WM. S. MERRELL COMPANY

Founded 1828

Cincinnati, U. S. A.

He explained that he didn't recommend this, but that he had done it in emergencies.

"Young doctors become so accustomed to working with modern hospital facilities that they have no initiative when they have to use whatever is handy," Dr. Dafoe added.

18,163 Certified

Some 18,163 physicians in the U.S. and Canada have been certified as specialists by the fifteen specialty boards of medicine, according to the 1942 Directory of Medical Specialists. The largest single group certified are the otolaryngologists, numbering 2,971; the smallest group are neurological surgeons, numbering 107. There are 2,604 certified practitioners of internal medicine; 1,759 certified ophthalmologists, and 1,719 certified surgeons.

Red Cross Symbol

Use of Red Cross symbols for advertising purposes is forbidden (except to the American Red Cross, the army, and the navy) in a bill now pending in both

houses of Congress. The bill permits one year of grace to persons or corporations which have made use of the symbol since 1905.

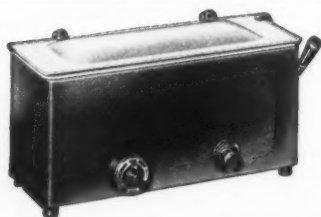
Remarked the New York Times editorially: "As President Roosevelt has said: 'To great numbers of loyal Americans it seems almost a sacrilege for any person for private benefit to use an emblem created by international agreement solely for humane purposes.'"

"The Geneva convention of 1929 in fact forbids such use. We have been slow in passing legislation to fulfill our obligations."

New Health Film Series

"Take Care of Yourself," the first in a new series of health-education sound-slide films stressing the importance of health safeguards, has recently been released by Commercial Films, Inc., of Cleveland. Dr. C. O. Sappington, editor of Industrial Medicine, collaborated in producing the films. They contain no advertising.

Sound-slide films are described as "pictures printed on strips of 35 millimeter safety film with



WAR MODEL U S-P-1 now becomes our major Sterilizer. Almost none of the usual but now critical materials—vitreous-enameled steel instead. An efficient, rugged, soldierly job—built for Uncle Sam!

THE PELTON & CRANE CO., Detroit

"IT'S
THA



IT'S
this
tender
We
that
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color
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with a
patient

**"IT'S WHAT I HAVEN'T GOT
THAT MAKES 'EM LOVE ME!"**



IT'S WHAT *Swan doesn't* have that lets this new white floating soap keep the tenderest skin happy.

We've taken particular pains to see that *Swan* has no harmful alkalis—no free fatty acids—no strong perfume—no

PURE AS AN ANGEL!



coloring matter. By starting with the highest-grade ingredients and then very carefully refining them, we've ended up with a soap so remarkably pure that your patients just can't buy a purer one.



And as for mildness, impartial laboratory tests have proved many times that *Swan* is milder than the finest imported castiles. We believe you'll find *Swan* safe for even the most delicate skins.

But this first really new white floating soap in over 50 years has other virtues in addition to its purity and mildness.

Swan is a speedier, richer sudser than other floating soaps—especially in hard water. Hard-water tests have proved that it actually gives *twice* the suds in 30 seconds!

And *Swan* is thrifty. The lather stands up. *Swan* gives you more real soap per penny than any leading toilet soap!

Try *Swan* . . . for both home and professional use. For a pure, mild, all-round family soap, we think you'll find it fills the bill almost as if you'd written the specifications yourself.

SWAN PURE, WHITE FLOATING SOAP

MADE BY LEVER BROS. CO., CAMBRIDGE, MASS.

FOR POLLEN ALLERGY...

SYMPOMATIC RELIEF from the distress of acute congestion of the nasal mucoperiosteum is (literally) your hay fever patients' "crying" need. For local ephedrine treatment—in a most soothing form—use 'Pineoleum' with Ephedrine. In addition to astringency, it provides local sedation, tissue stimulation, and mild antiseptics... its ephedrine content (.50%) being judiciously formulated together with balanced proportions of camphor (.50%), menthol (.50%), eucalyptus (.56%), pine needle oil (1.00%), and oil of cassia (.07%), in a base of doubly refined liquid petrolatum.

Send for a trial supply

THE PINEOLEUM CO., 8 BRIDGE ST., NEW YORK

PINEOLEUM

REG. U. S. PAT. OFF.

WITH EPHEDRINE



sound recorded on a slow-playing phonograph disk."

Because of the direct relation of health to such industrial problems as sick-absenteeism, labor turnover, spoilage, inefficiency, fatigue, poor morale, and accidents, there is currently reported to be a great demand from industry for visual programs dealing with health maintenance.

Doctors' Patents

Instruments invented by Canadian doctors may be protected by patents, the Canadian Medical Association has decided. Although professional ethics bar the physician from marketing an invention for personal gain, he is permitted to turn over royalties to a non-profit corporation, to be applied to research.

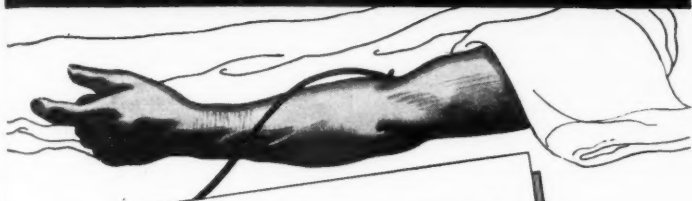
First-Aid Chart

The importance of medical advice and services in the treatment of even minor injuries was stressed in a first-aid chart published by Bauer & Black-Curty in two-page advertisements appearing in the Fourth of July issues of Life and Collier's.

"Send for a doctor immediately," advised the illustrated chart, which listed common injuries and told the layman what he should and should not do while awaiting the doctor. It continued:

"The prompt summoning of a physician, determined action in keeping back the inevitable crowd that gathers, a refusal to be stampeded into rendering well-in-

FOR BLOOD DONORS



...The hemoglobin regeneration rate increases nearly 50% and the recovery period is drastically shortened when small amounts of iron are administered.†



HEMATINIC PLASTULES*

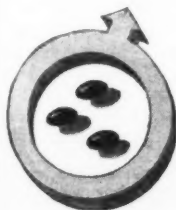
Hematinic Plastules provide iron in the *ferrous* state quickly available for conversion into hemoglobin. They are easy to take and well tolerated. Hematinic Plastules Plain contain dried ferrous sulphate U.S.P.X. 5 gr. and yeast concentrate .75 gr., supplied in bottles of 50, 100 and 1000. Also available with Liver Concentrate.

Ferrous Iron Sealed from the Air but not from the Patient

†Fowler and Barer: "Rate of Hemoglobin Regeneration in Blood Donors." J.A.M.A., 118:421:1942.

*Reg. U. S. Pat. Off.

THE BOVINE COMPANY • CHICAGO, ILLINOIS



tended but possibly harmful assistance to the injured—such services are the essence of real first aid.”

A potential 35,000,000 readers were reached by the initial publication of the chart, which is now being offered the public in reprint form.

Clinic Visits Decline

A drop in the number of patients attending clinics has been reported from several parts of the country. Presumably it is attributable to increased employment, since improved incomes in the past year have removed many families from the group entitled to clinic care. In Milwaukee, for example, there were nearly 128,000 clinic visits during the final three months of 1940 and only 91,000 in the corresponding quarter last year.

Visiting Professorships

The old idea of visiting professorships has been re-introduced at Long Island College of Medicine as a measure to enable de-

partmental heads to strengthen their teaching programs. With a three-year grant of \$4,500 annually from the Commonwealth Fund, the college is inviting teachers from other institutions for short periods to make specific contributions to the curriculum. College officials have expressed the opinion that the war may deplete faculties to the extent that “great flexibility in the efficient use of available teaching resources” will be needed.


How Doctors Die

Some 152 U.S. physicians met accidental death in 1941, according to American Medical Association figures. Of this number, 83 deaths occurred in automobile accidents; one was due to electrocution by a short-circuit in an X-ray machine; and one was ascribed to X-ray burns. Suicides numbered 67 and homicides four. Four of the doctors who died last year were 100 or older.

Only slight change marked physicians’ average age at death: 65.9 in 1941 as compared with

S-T-R-E-T-C-H-I-N-G SPASTIC SPHINCTER MUSCLES

with **DR. YOUNG'S RECTAL DILATORS** aids in alleviating



constipation, uncomfortable bowel movements, nervousness and other conditions caused by tight sphincter muscles. Furnished in sets of four graduated sizes, \$3.75. Introduced in series as the muscles become used to dilatation. Sold on physician prescription only. Available for your patients at ethical drug stores or your surgical house. Write for brochure.

F. E. Young & Co. 410 E. 75th St., Chicago, Ill.

DOUBLE ACTION — SINGLE DOSAGE

(1) Acidifies the Urine

(2) Liberates formaldehyde

RIEDEL & CO.,



Sulphosalicylic Acid (60.9%)

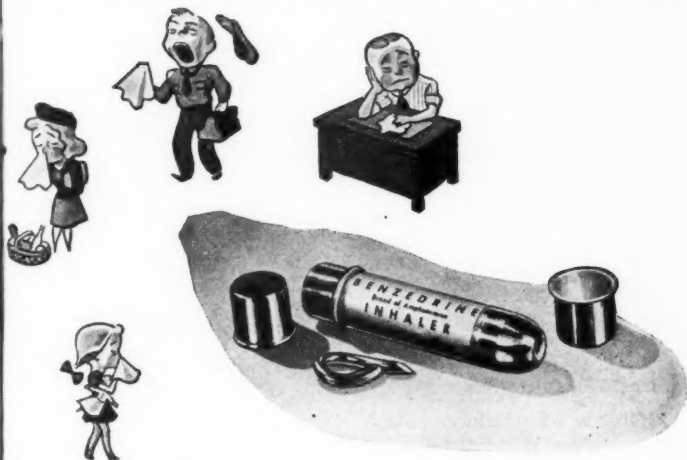
Methenamine (39.1%)

BROOKLYN, N. Y.

in UROGENITAL INFECTIONS

IN HAY FEVER

Acute Misery or Comparative Comfort?



Of course, Benzedrine Inhaler will not cure hay fever. But its use may make all the difference between weeks of acute misery and weeks of comparative comfort.

Each tube is packed with amphetamine, S.K.F., 325 mg.; oil of lavender, 97 mg.; menthol, 32 mg. Benzedrine is S.K.F.'s trademark, Reg. U. S. Pat. Off.

Smith, Kline & French Laboratories, Philadelphia

Benzedrine Inhaler

A volatile vasoconstrictor

66.3 in 1940. Heart ailments again led the causes of death in 1942, with coronary thrombosis and occlusion accounting for 1,034 medical men.

Atlantic City Harvest

The American Medical Association convention introduced about \$1,415,000 to the cash registers of Atlantic City hotels, restaurants, cocktail lounges, boardwalk concessions, taxi stands, and other places of business, according to post-convention estimates by the city's businessmen. They report that some 8,200 physicians stayed an average of almost five days and spent an average of \$15 a day apiece. Exhibitors and members of doctors' families spent the rest.

Mileage Charges

Physicians who remain in civilian practice during the war must be responsible for keeping fees within patients' means, Dr. Robert Conard, Ohio Procurement and Assignment Service chairman, said recently. He made this statement in reply to the

contention that mileage charges, combined with the shortage of physicians, would make it difficult if not impossible for rural residents to pay physicians from neighboring towns.

Possible solutions suggested by Dr. Conard included eliminating or reducing mileage charges; having doctors from surrounding towns serve in physician-less communities on a rotating basis; establishing centers in various towns where patients able to travel could go for treatment on specified days.

State Medicine Warning

Superintendent of Insurance Louis H. Pink, of New York State, sees a serious threat of socialized medicine confronting the medical profession unless it can put forward a satisfactory counter-program. Speaking before a recent conference at the New York Academy of Medicine, Mr. Pink said:

"Hospital plans have been successful in many cities and States throughout the country. But medical care plans have almost in-

QUICK REVIEW OF SCALP HISTOLOGY, PHYSIOLOGY and PATHOLOGY

This useful textbook calls your attention to the relation of hair and scalp conditions to general diseases... diagnosis and treatment of scalp and hair conditions... use and application of the Parker Herbex method. If you do not have a copy, you can receive one free and postpaid by writing to PARKER HERBEX CORP., 607 Fifth Avenue, New York, N.Y. (Dept. ME)

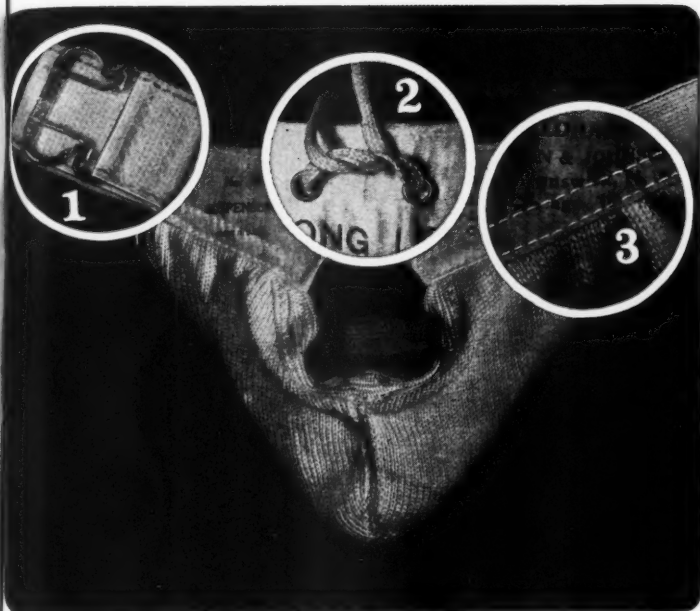
Cloth-bound book. 117 pages. Published for the sole use of the Medical Profession. Sent free by request only.



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1. Pad behind buckle.

2. Drawstring permits individual adjustment.

3. Double stitching holds pouch. Double stitching holds waistband.

These features are exclusive and give extra wear.



LONG LIFE 101 *Drawstring Type* **SUSPENSORY**

It is imperative that before you recommend a suspensory you know the scientific advancements essential to your patients' comfort. Compare!

Your druggist can supply your needs

Johnson & Johnson
NEW BRUNSWICK, N. J. CHICAGO, ILL.

variably proven disappointing. In New York City we have licensed eight medical indemnity corporations and none of them has made more than a slow and uneventful beginning. Some have become discouraged and have submitted to voluntary liquidation. Even the corporation which received assistance from medical organizations [the Medical Expense Fund] has as yet made little progress.

"The chief difficulty seems to be that while medical service plans have some support from medical societies and the profession as a whole, the idea has not made a serious impression. Apparently while medical men realize the danger of state medicine if something is not done, they are fearful of these cooperative ventures and, in any event, so far have failed to back them with sufficient enthusiasm and strength. Medical societies wish to prevent those types of plans which they do not like; but they are unwilling to sacrifice sufficient time, effort, and money to make those which they do countenance successful.

"Some plans have not succeeded because doctors expected to make money out of them. Some are too complicated and lack sales appeal. In other cases the physicians did not fully realize that business backing, business judgment, and money are necessary to start a successful venture."

Speaking of the relationship between hospital and medical service plans, Mr. Pink remarked: "It would seem logical that hospital plans should be permitted to provide medical services. Organized medicine feels differently, and organized medicine has prevailed. It wants a strict separation of something which is not easily or properly separable. If doctors insist that medical care be separated from hospitalization, let us have it that way, provided the medical fraternity is willing to make it a success.

"We do not want to make hired men of doctors, nor do we wish in any way to lower their professional standards. On the other hand, medical societies must realize that they must serve, first, the public and only secondarily the

FOR SCABIES

Wyeth's

SULFUR FOAM Applicators

Carry pure sulfur to every pore and recess
of the skin

NO GREASE—NO MESS

Supplied in boxes of 3 applicators
Clinical supply free on request

JOHN WYETH & BROTHER, INC. • PHILADELPHIA, PA.



Hygeia announces NEW AND IMPROVED HYGEIA BOTTLE AND NIPPLE

ALL HYGEIA
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SAYS—"CONSULT
YOUR DOCTOR
REGULARLY"

BOTTLE: Ready today after months of research—this new improved Hygeia Nursing Bottle. Graduations applied in color, clearly visible even in dim night light. Large base makes bottle harder to tip. Improved tapered shape makes it easier for baby to get last drop of formula than with straight-side bottle. Same easy-to-clean wide mouth, with rounded corners—no crevices for dirt.

NIPPLE: Famous Hygeia breast-shaped nipple has patented air vent which tends to prevent nipple collapse and reduces "wind-sucking." Sanitary tab makes nipple easier to apply without touching sterilized nipple with hand.

We urge you to inspect this new Hygeia equipment carefully. We believe you will find it has all the advantages of ordinary equipment plus the distinctive Hygeia features which will enable you to recommend it with confidence. Hygeia Nursing Bottle Co., Inc., 1210 Main St., Buffalo, N. Y.



BABY GETS ENTIRE FEEDING

New tapered shape makes it easy for baby to get last drop of formula without tipping bottle at excessive angle.

HYGEIA NURSING BOTTLE AND NIPPLE

Safer because easier to clean

NICOTINE CONTENT

Scientifically Reduced to LESS than 1%



SANO cigarettes are a safe way and a sure way to reduce your patient's nicotine intake. Sano provide that substantial reduction in nicotine usually necessary to procure definite physiological improvement. With Sano there is no question about the amount of nicotine elimination. With Sano you encounter none of these variable factors involved in methods which merely attempt to extract nicotine from

tobacco smoke. With Sano, the nicotine is actually removed from the tobacco itself. Sano guarantees always less than 1% nicotine content. Yet Sano are a delightful and satisfying smoke. Cigarettes · Cigars · Pipe Tobacco

FREE PROFESSIONAL SAMPLES
For Physicians

WARNING
Chemical analyses show that pinches of cotton used in cigarette mouth-pieces are entirely ineffective in removing any appreciable amount of nicotine from cigarette smoke.

ME-8

HEALTH CIGAR CO. INC.
156 WEST 14TH ST.—NEW YORK, N.Y.

PLEASE SEND ME PROFESSIONAL SAMPLES OF SANO DENICOTINIZED PRODUCTS. NICOTINE CONTENT LESS THAN 1%

NAME _____ M.D.

ADDRESS _____

interests of their members. They must not be too strenuous in opposing new thoughts, new ideas and new experiments."

Bronchoscopes for Motors

Drilled oil lines in airplane engines are now being examined by use of the bronchoscope, a procedure which enables inspectors to detect flaws in the inner surfaces. Such flaws, not easily seen otherwise, could wreck plane motors by causing interference in the circulation of oil.

Student Loan Proposal

A \$13,095,000 fund for Federal loans to needy students in medicine and other technical fields has been asked of Congress by Pres-

Best Sellers for M.E. Readers

WASHINGTON IS LIKE THAT
—W. M. Kiplinger

THE LAST TIME I SAW PARIS
—Elliot Paul

VICTORY THROUGH AIR
POWER—Major A. P. de Seversky

One of these (or any other single-volume best-seller) is waiting for every MEDICAL ECONOMICS reader who submits an acceptable idea on the business side of medicine. The idea may be a time-saver, work-saver, expense-saver, or practice-builder. Address MEDICAL ECONOMICS, Rutherford, N.J.

An Important Announcement

FROM THE MAKERS OF M A Z O N

A temporary change in our sampling policy is necessary because of limitations imposed by the program for Victory.

Requests for samples will not be solicited in future Mazon advertising. But we will, so far as possible, continue to furnish samples of Mazon for clinical testing when especially requested on your professional stationery. Our literature will be devoted chiefly to reminding you of the special merits of the Mazon treatment which has won wide acceptance throughout the profession.

The thousands of samples of Mazon and Mazon Soap sent to physicians in the past speak eloquently for Mazon's usefulness in modern dermal therapy. We wish it were possible to continue our sampling as heretofore, but shortages of manufacturing material demand conservation.

Thank you, Doctor, for the enthusiastic support you have given Mazon in the past. We hope that you will continue to prescribe Mazon whenever its use can be of help to your patients.

MAZON is indicated for the relief of externally caused Eczema, Psoriasis, Alopecia, Ringworm, Dandruff, Athlete's Foot and other skin disorders.

BELMONT LABORATORIES CO., 4430 Chestnut St., Philadelphia, Pa.

ident Roosevelt. He has pointed out that accelerated college programs, which reduce both vacations and spare time, now prevent many students from working to provide part of their expenses. Dentistry, pharmacy, chemistry, physics and engineering are among the other fields named in the Presidential request.

Loans would be confined to tuition and fees plus \$25 a month, with a \$500 annual overall limit. Interest would be charged at 2½ per cent. Recipients would have to agree to take Government-assigned employment or service after completing training; but loans would be cancelled in event of death while serving with the armed forces.

Meanwhile, Representative Dickstein of New York has introduced in Congress his bill to create a "Medical West Point" comprised of nine Government-sponsored medical schools, one in each of the army corps areas.

"We are not turning out enough doctors," Dickstein said in explaining his bill. "In the past, 400

to 500 students have had to go to Scotland every year to study medicine. They weren't accepted here because they didn't fit into certain quotas."

The Congressman called for a system of educating pre-medical students without consideration of race and religion.

Flight Surgeons' Pay

In passing the \$42,000,000,000 army appropriation bill for 1946 the House of Representatives removed the statutory limit of \$720 on the supplemental pay for flight surgeons, and authorized payment to these medical officers of an additional 50 per cent of their base pay as flight pay.

This will result in a substantial pay increase for medical officers serving with the army air forces. For instance, base pay of a captain is \$2,400. Formerly a flight surgeon with the rank of captain would receive \$3,120 a year, including his flight pay of \$720—\$60 a month. Under provisions of the House bill, however, he would receive a total base and

The need for vitamins and minerals knows no season...
SPRING...SUMMER...FALL...WINTER



VI-SYNERAL

U. S. Vitamin Corp., New York, N. Y.

supplies both . . . Vitamins A, B₁, B₂, B₆, C, D, E, and other B complex factors, fortified with eight essential minerals—in Funk-Dubin balance

...precision-built for unparalleled **LIFETIME ACCURACY**

Lifetime
Baumanometer
STANDARD FOR BLOODPRESSURE

Every Baumanometer is a true mercury-gravity instrument . . . guaranteed to be scientifically accurate and to remain so.

Get the FACTS

and you will buy a **Lifetime Baumanometer**
W. A. BAUM CO. Inc. • NEW YORK

WHERE THE PEDIATRICIAN LEAVES OFF . . .



The growing child is father to the grown man and body pattern moulds of adult life are laid during the critical growth phase.

Particularly valuable, therefore, during periods of increased nutritional demands for body-building is

HORLICK'S FORTIFIED

Vitamin Enriched

Palatable as well as nourishing, Horlick's is prepared from man's most staple foods, full cream milk, wheat and barley

FOOD VALUE—*When prepared with milk, practically doubles the nutritive and energy value of milk.*

PROTECTIVE—*Enriched with Vitamins A, B, D and G.*

Partially predigested, quickly assimilated, homogenized, Horlick's is ideal for between-meals' and at-meals' nourishment.

Growing children who do not like or tire of plain cow's milk often take readily to Horlick's.

Recommend

HORLICK'S

The Complete Malted Milk—Not Just a Malt Flavoring for Milk

HORLICK'S

flight pay of \$3,600 each year.

Testifying before a House subcommittee on appropriations considering the huge war budget request, Lieut. Gen. Henry H. Arnold, commanding general of the army air forces, had this to say about the former \$720 limitation: "I think the flight surgeon is as much entitled to the extra pay as anybody else, and always have thought so. The present combat experience indicates that the flight surgeon is required to go along on the mission and bring back the wounded, not only in transport planes but also in bomber planes."

In other testimony before the committee, Colonel David N. W. Grant, ranking medical officer with the army air forces, disclosed that five surgeons have been killed in air combat, and that an additional six are missing—either dead or prisoners of war. Colonel Grant pointed out that there is a flight surgeon with each combat squadron, and revealed that "we had one on the Tokio flight."

Colonel Grant also reported that the Germans have evacuated

over 200,000 of their wounded from front-line positions to rear hospitals. He added that the U.S. Army has plans for mass evacuation of wounded by air, explaining that the ordinary casualty would not be moved by plane, but that if speedy transportation might aid in saving life, a casualty would be flown to the rear whenever possible. He noted that the Germans had removed soldiers wounded in Crete to Berlin within 48 hours from the time they were stricken.

Industry Favors Clinics

Cases in which war-job applicants have been sent to health departments and clinics rather than to their family doctors for vaccination and eye examinations were cited recently by the St. Louis County Medical Society Bulletin. This fact came to light when applicants who objected to waiting in line disobeyed instructions and went to their own physicians. According to the Bulletin, proof of this is available in the form of printed cards given job-applicants which list specific

Joining the Colors?

Notify your patients with announcement cards printed to your specifications on our beautiful White Heavyweight Vellum. In two sizes, $3\frac{3}{8}$ " x $5\frac{3}{8}$ " and 4" x 5" with envelopes to match. 500 paneled cards with envelopes, \$8.00; 1000, \$13.00.

Samples and our complete catalog on request

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Doctor..

**PREPARE NOW
for
WIDER
ACTIVITIES**



★ With so many doctors being called to the colors, the task of the "home physicians" has become doubled. Efficient, new and modern equipment is very essential; more so than ever before, to enable you to handle more patients in a shorter period of time.

Modernize your offices and equip them with time-saving and effective apparatus.

Doctors whose practice includes Obstetrics, Internal Medicine, Dermatology, Pediatrics or Orthopedics will find frequent use for ultraviolet radiations.

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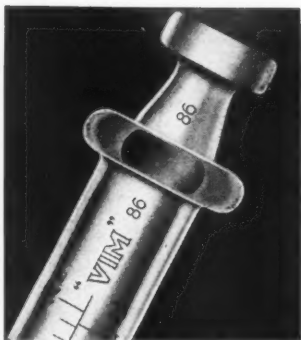
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Courts vs. the A.M.A.

Conjecture as to the Supreme Court's probable attitude toward the American Medical Association's appeal of last year's anti-trust conviction was heightened recently when an appeal court refused to set the conviction aside.

In its first appeal, the AMA argued that it was effecting only a reasonable regulation of the practice of medicine. On this subject the court said:

"Professions exist because the people believe they will be better served by licensing especially prepared experts to minister to their needs. The licensed monopolies which professions enjoy constitute in themselves severe restraints upon competition. But they are restraints which depend upon capacity and training, not special privilege. Neither do they justify concerted criminal action to prevent the people from developing new methods of serving their needs.

"The situation. . . is not confined to the medical profession alone. Profound changes. . . have forced members of all professional groups to make readjustments. The fact that these changes may result even in depriving professional people of opportunity formerly open to them does not justify or excuse use of criminal methods to prevent changes. . .

The court rejected the AMA

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contention that the controversy was a labor dispute and hence exempted from the antitrust laws. The opinion conceded that physicians might "labor" but held that Congress had in mind a "more limited range of activity" by labor organizations.

Conviction of the AMA and its local society, coupled with acquittal of their officers, was held inconsistent by the defense, but the court declared: "Complete identity of participation in the conspiracy was not necessary upon the part of the participants."

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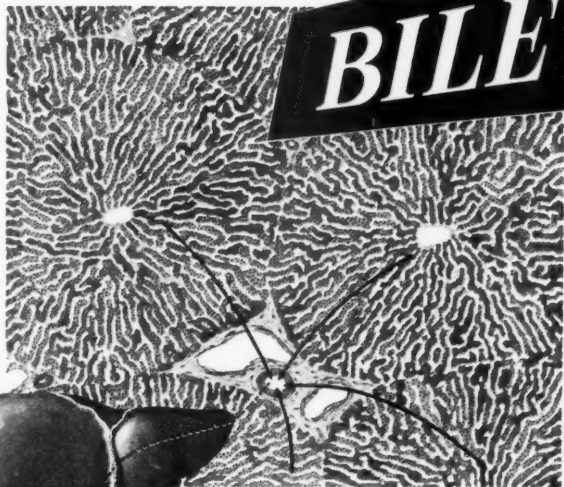
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